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PROCEEDINGS  
OF THE  
WESTMINSTER MEDICAL SOCIETY.

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SESSION 1848-9.

No. 1.

October 21, 1848.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

THE Society commenced its meetings for the season this evening. The President, on taking the chair, delivered an inaugural address on the present state of the Society, which, he reported, was in every way prosperous. In the course of his remarks, Dr. Webster made the following observations with reference to the health of the metropolis, especially in regard to the recent epidemics of Cholera and Scarlatina:—

“Before dismissing the subject of cholera, it must be interesting for the fellows to know that, notwithstanding the anxiety now prevalent respecting that malignant disease, it hitherto has not made much progress in the metropolis; and that if its present fatality be compared with other epidemic maladies, we have as yet really not much cause for alarm, for during the six weeks ending on Saturday, the 16th of October, 1847, the number of fatal cases of this disease in London was twenty-six; whilst the total number of deaths caused by the same malady throughout the entire metropolitan population, during the six weeks ending on Saturday last, the 14th instant, amounted to sixty-seven, being, as yet, only a little more than double the mortality by cholera during the same number of weeks in the previous year. Compared with this, it is instructive to mark the different results observed in another epidemic now prevailing in London with great severity, but which, notwithstanding, does not call forth much remark, or cause anxiety to the extent it deserves—I mean scarlatina, also discussed last year in the Society; but which, unfortunately, is now so malignant, that hundreds of victims have been recently sent to an untimely grave, according to the registrar-general’s reports. In these tables it is stated, that during the six weeks terminating on Saturday, the 16th of October, 1847, already quoted in reference to cholera,

302 individuals died in London from scarlatina; whereas, during the six weeks ending on Saturday last, the 14th instant, as many as 972 persons have sunk under that virulent complaint; or upwards of quadruple the average mortality by the same disease in the previous five autumns. Without undervaluing the importance of the epidemic which at present attracts so much notice, I think such a dangerous malady as scarlatina deserves even as great attention from medical men and the public as cholera—more especially since the subjects of its attacks are usually children, or young people just entering upon the morning of life; whereas the victims of cholera are generally drunkards and persons of worn-out constitutions, or those who have set every hygienic rule at defiance. Although scarlatina is a disease of frequent occurrence in this country, and although it annually carries off thousands of individuals, hitherto, no boards of health have existed; no quarantine laws, and very few sanitary measures, have been put in force by public bodies for preventing its approach, notwithstanding its highly infectious nature. But this is only another illustration of the prevailing disposition, in the minds of many persons, to view whatever is familiar with indifference, whilst anything new or uncommon is sure to attract attention. It will also be instructive to recall to our recollection the recent invasion of the epidemic influenza, which was so fatally prevalent in the metropolis at the early part of last winter, 1213 persons having died from that complaint during six weeks ending on Saturday, the 8th of January last. At the same time, the total deaths registered from all causes were increased to an extraordinary extent, being so high as 2454 in one week, and 2416 in the subsequent—instead of 1046, the ordinary weekly average of previous seasons. Contrasted with this plague-like mortality, it must be gratifying to hear that London, comparatively speaking, is not at present unusually unhealthy, notwithstanding the actual presence of cholera, the great malignity of scarlatina, and the prevalence of typhus, by which disease 424 persons have died in the metropolis during the last six weeks, instead of 260, the averaged deaths by typhus of a similar period during the five preceding autumns. Such facts are important; and although the cholera now occasions considerable anxiety, the total deaths from all causes, throughout the metropolitan population, have actually diminished, especially during the last fortnight, notwithstanding the prevailing epidemics. This satisfactory state of the public health in London is proved by the mortality tables, which show that instead of the weekly average of 1154 deaths, as in the last five seasons, during the week ending on Saturday, the 7th October instant, 1005 persons died from all causes in the metropolis, and only 991 in the week terminating last Saturday, the 14th: thus making an actual diminution of not less than 312 deaths in the two weeks now referred to, being an increase of fifteen and a half per cent. last year over the two similar weeks of the present season. I now mention these important facts to the Society not to paralyze exertion, but as useful statistical data, to

which reference should be made in order to arrive at correct conclusions when an epidemic like the cholera prevails in the community; and to show how far the average mortality is thereby affected."

Mr. Hancock exhibited an apparatus for relieving the breast when over-distended with milk.

It consisted of a very stout bottle, surrounded by a ring, with an ivory shield, which firmly fitted the nozzle. The bottle having been filled with boiling water, to heat it, was to be emptied, the ivory shield replaced, and the mouth-piece placed against, but not pressed upon, the nipple, which would be immediately drawn out, as well as some of the superabundant milk.

Mr. I. B. Brown related a case of Prolapsus of the Funis at the expiration of the third month of Utero-gestation.

The patient was thirty years of age, and the mother of three children. She was threatened with abortion, and after two or three attacks of hæmorrhage, attended with expulsive pains, the funis was found to be presenting in a loop. The following day a severe pain came on, and the cord burst. This was followed by profuse hæmorrhage, and the expulsion of the fœtus. The placenta, which was adherent to the fundus uteri, was removed under the influence of chloroform, by introducing two fingers within the uterus. Both placenta and child were nearly bloodless.

Mr. Hird read a paper on the Pathology and Treatment of Cholera.

He commenced his observations with a description of the leading symptoms which characterize the disease, and dwelt upon the differential diagnosis between the malignant or Asiatic cholera, and the ordinary autumnal affection observed in this country. The symptoms by which the malignant form may be recognised he stated to be,—the absence of bile, both in the matters vomited and discharged from the bowels—the suppression of urine—the cold breath—the veiled unearthly voice—the rapid sinking of the heart's action—and the great fatality of the disease.

In speaking of the mode of invasion, the author stated that, as a rule, the disease is preceded by an attack of diarrhœa, which may continue for an hour or two, or may be protracted to one, two, or three days, before the symptoms characteristic of the pestilential malady develop themselves. He observed that this diarrhœa should never be overlooked, and that the absence of pain was no proof that it would not terminate in cholera.

He divided the disease into three stages—the first, diarrhœal or premonitory; the second, or algidic stage, marked by great depression, and by the peculiar dejections, of a watery character, loaded with flakes of whitish matter, which under the microscope appear to be composed of cells, rather larger in size than exudation corpuscles, of scaly epithelium, of a few blood corpuscles, and of other



matters, differing in each individual case, according to the severity of the symptoms; and the third stage, indicative of reaction.

When alluding to the question of contagion, the author stated that, although the disease did not usually spread from person to person so rapidly as scarlatina, small-pox, or measles, it was very analogous, in reference to the mode by which it may be communicated, to typhus fever, erysipelas, &c. A patient labouring under typhus, when conveyed into a good-sized and well-ventilated apartment, he stated, would rarely communicate the disease to the attendants; whereas, the same patient, placed in an unfavourable locality, and surrounded by poverty and distress, would very probably spread the disease to those persons in attendance at the sick bed. Cholera he believed to be contagious, and that it had been traced to spread in accordance with the ordinary laws of contagion. The frequent immunity from the disease of the professional and other attendants, he considered no proof of the non-contagious nature of the disease, for the same objection might be adduced by every experienced practitioner against the contagiousness of any of the acknowledged infectious diseases. The Central Board of Health had acted, he considered, most injudiciously in issuing their manifesto for the information of the public, in which they state that no danger is to be apprehended from cholera spreading in consequence of the association of the healthy with the sick.

The leading symptoms of the disease, the mode of its fatal termination, and more especially the spontaneous favourable termination occasionally observed, under every variety of treatment, all tend, in the author's opinion, to assimilate it to the effects of poisons on the animal economy.

However great the obscurity may be which overhangs the question respecting the generation or exciting cause of cholera, he stated that most satisfactory evidence can be adduced to prove that many circumstances predispose the human body to its influence, and render it more than usually susceptible of the disease. Those who exceed in spirits and wines—in fruits and unwholesome food—the debilitated from any cause—the poor, who live in unhealthy, badly-drained, and ill-ventilated residences—and especially those who have suffered from previous diarrhœa, rarely escape when the pestilence prevails.

The author next proceeded to detail the post-mortem appearances which he had observed in several fatal cases of the disease. In those who died during the algide stage, the body had undergone great diminution in bulk, and become almost as emaciated as a body in the last stage of consumption; the peculiar blue colour of the skin frequently disappeared shortly after death; the temperature of the surface of one or two bodies increased for a short time after death; quiverings of the muscles, and sometimes even distinct movements of the limbs took place for an hour or two after all signs of animation had departed. The shrivelled appearance of the hands resembled those of a washerwoman.

In the chest, in most of the cases, slight effusions of blood were

found on the heart, and on the pneumo-gastric and sympathetic nerves. Dark viscid blood filled the cavities on the right side of the heart; in one or two instances coagula were found. The cavities on the left side were generally nearly empty, containing only a small quantity of thick, black blood. The aorta and its large branches were also nearly empty. The lungs and pulmonary arteries were gorged with very dark, treacly-looking blood, and spots of ecchymosis were observed, in two or three of the bodies examined, between the pleura and parenchyma of the lungs.

In the abdomen there was great venous congestion. In the cava, iliac and portal veins, the blood was black and tenacious. The liver was congested, and the gall-bladder distended with green or dark yellow bile, of a ropy character. The mucous glands of the intestines stood out in bold relief; the agminated and solitary, as well as those of Brunner, being enlarged; and the epithelium, in many of the most severe cases, was completely stripped off the mucous membrane. The kidneys, and the whole genito-urinary mucous membrane, were vastly congested, and the bladder much diminished in size.

On examining the brain, medulla spinalis, and their envelopes, in the cases which terminated fatally during the algide stage of the disease, with the exception of venous congestion, there was found no particular morbid appearances; whereas, when death had occurred subsequent to the establishment of reaction, great vascular turgescence was observed, and in two cases in which coma had existed for some time prior to death, serum was found effused into the ventricles.

From the appearances observed after death, from the mode of development of the disease, and from the peculiar character of the symptoms in its successive stages, the author concluded that the organic nervous centres are, if not primarily, at least consentaneously affected with the blood, and that all remedies should be prescribed with reference to this view of the pathology of the disease. He considered it unphilosophical and irrational to apply our remedial agents with a view to check one or other of the isolated symptoms which manifest themselves in the progress of the disease.

In speaking of the treatment, the author reviewed the various remedies which have been proposed, and stated his conviction that no known therapeutical measures have any *specific power* of counteracting the peculiar agency of the poison. In order to attain even a moderate amount of success in the treatment, he considered it essential that a comprehensive view should be taken of the whole disease, and that special attention should not be directed to any one particular symptom which may show itself during life, or to one particular lesion which may be discovered after death. The disease should not be located in any particular organ, when all are affected; but the leading symptoms during life, and the prominent morbid lesions most frequently observed after death, should be carefully noted, and the effects of medicines in modifying the severity of the symptoms watched most attentively.



Cholera being essentially a disease of depression, of collapse, three grand objects are to be attained in the treatment—viz., the rousing of the vital energies of the patients, so as to enable them to resist the depressing influence of the morbidic poison; the arrest of the frequent evacuations from the bowels; and the restoration to a healthy condition of the secretions and excretions of the body.

In the premonitory diarrhœa, the author had found scruple doses of the compound chalk-powder with opium, combined with spirits of ammonia and cinnamon, in the infusion of cusparia, of service. This medicine, with small quantities of brandy at intervals, would frequently prevent the further development of the disease. In cases in which the evacuations were watery and contained little bile, he recommended five grains of calomel and half a grain of opium to be administered immediately, and followed up with a grain of calomel, and two grains of cayenne every ten minutes, quarter, or half hour, in proportion to the severity of the symptoms. He considered that the secretions were more effectually restored by these measures, than by the scruple doses of calomel and two or three grains of opium, which some practitioners had recommended, and that the rapid depression which frequently followed the use of the latter was rarely observed under the former treatment. When the symptoms increased in violence, and were not checked after three or four doses of the above, and the characteristic evacuations and other symptoms which denote the approach of the algide state of the disease had set in, he found the greatest amount of benefit from the use of stimulating emetics of mustard and salt, the application of mustard cataplasms over the region of the heart, and along the course of the pneumo-gastric nerves in the neck; frictions to the extremities, chest, and abdomen; the free use of diluents; turpentine epithems to the abdomen; and a liberal supply of warm clothing and heated air.

After two or three full vomitings had roused the heart's action, and in a measure overcome the disposition to internal congestion, the author recommended the use of the acetate of lead, in doses of two grains every half hour. His experience bore out the favourable opinion formed of this remedy by Dr. Graves of Dublin, who introduced it to the notice of the profession in 1832. In the intervals between each dose he recommended ammonia in five or ten grain doses to be given, or from five to ten drops of chloroform on sugar. The vapour of chloroform had been recommended by some physicians to allay the violence of the spasms. The author stated that he had not had an opportunity of trying its effects, but did not expect from its *modus operandi* on the healthy body, that it could do more than simply allay the pain in cholera, and might have injurious effects on the action of the heart and nervous system, if given in a dose sufficient to produce anæsthesia.

By the above measures, the functions of the heart and lungs were maintained—internal congestion, as far as possible, prevented, and time thus afforded for the system to overcome the effects of the morbidic poison. The acetate of lead, he found, had more power in

checking the constant drain from the system of the elements of the blood, than any other remedy that had been suggested. The treatment by immense quantities of calomel, with the view of forcing the action of the liver, he believed was founded on an erroneous view of the disease. The want of action in the liver was not the cause, but the consequence of the disease, and the deficiency of bile not more important than the deficiency of urine. Both of these secretions, he stated, were restored so soon as the virulence of the disease was overcome, and afforded most certain evidence that the nervous force was returning, and that the vascular and glandular apparatuses were resuming their functions.

During the stage of reaction, the treatment applicable to fever was called for. Blood-letting, the author considered, required the greatest caution in its use; the abstraction of blood, generally, was almost equivalent to the abstraction of life, and ought never to be resorted to except in young patients, who, previous to the attack, had been in robust health, and when the blood had not been deprived, by frequent and long-continued evacuations, of a large quantity of its serous and saline constituents. Its beneficial influence, even in the class of cases mentioned, was very questionable, and was purely of a mechanical character. The subsequent management of the disease, he stated, required the administration of quinine, and such other treatment, as fevers arising from miasmata. The author objected to the use of *large doses* of opium in every stage of the disease, and also to large quantities of brandy and other powerful stimulants. He believed that when given too freely, they interfere with the restoration of the functions of the several depurating organs,—that they increase the liability to consecutive fever,—and that coma is a much more frequent occurrence when they have been largely administered.

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November 4, 1848.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Dr. Willshire exhibited a pocket handkerchief which had been used by a patient labouring under phthisis pulmonalis, and mentioned that the handkerchiefs of two other patients under his care for a similar affection, presented like appearances. These handkerchiefs, into which the sputa were received, became worn very speedily into round holes, as if acted upon by some corrosive substance. No quinine or sulphuric acid had been taken by these patients, nor had these holes been caused by the use of scents. From the form and other appearances these holes presented, and from the inquiries he had made of the patients' friends, Dr. Willshire could not acquiesce in the opinion that they were caused by friction in the process of washing. The sputa had not been analyzed, but to the eye they were similar to the ordinary yellowish-green, roundish sputa of tuberculous disease of the lungs.



Mr. Wade narrated the case of a man who shot himself in the mouth with a pistol.

The lower jaw was fractured near its centre, and the lips and cheeks cut into riband-like strips; the edges of the wound were black and jagged, the two principal lacerations extending from the angles of the mouth to the mastoid processes: the mucous membrane of the whole interior of the mouth and fauces was black and pulpy, and blood freely oozed out, but no open blood-vessels could be detected. It was discovered that the pistol had only been loaded with powder. The fractured ends of the jaw were secured in situ by strong ligatures passed round the teeth, and the wounds of the cheeks and lips were united by stitches; a light bandage was applied and ice employed, and subsequently a piece was placed in the mouth, which checked the hæmorrhage. The next day the patient had considerably improved, and was received at the Westminster Hospital, where, while taking some beef-tea, he fell backwards and expired. Mr. Wade supposed that spasm of the glottis was the cause of his death.

Mr. I. B. Brown read a paper on Scarlatina, with especial reference to its treatment.

He alluded to the great and increasing prevalence of this disease, and adduced statistical facts from the Registrar General's Reports, to show its astonishing fatality.

The character of the disease the author believed to be debility, dependent on the presence of an active morbid poison received into the blood; and that this poison exerts its influence especially on the skin, mucous membrane of the fauces, &c., and on the kidneys, arresting their excreting functions, and causing engorgement, or even inflammation. But although these organs are more particularly involved by the noxious principle, yet the nervous system is remarkably disordered, and a state of nervous prostration induced.

The author then proceeded to point out the treatment he pursues:—His first care is to freely apply a stick of lunar caustic to the tonsils and fauces, even though ulceration be absent, in order altogether to check the formation of ulcers; or if they are already formed, to arrest their progress and accelerate their healing. At the same time he applies to the throat, externally, some stimulating application, or poultices. The medicine first given, is a dose of calomel, followed shortly by a dose of castor oil. The bowels having been acted upon, a course of treatment is commenced, which may be described as of a stimulant character; and such as is indicated by the view of the pathology of the disease entertained. The patient is strictly kept in bed, and sponged with tepid vinegar and water, the hangings about the bed and room removed to facilitate ventilation, and the floor sprinkled with solution of chloride of lime, or with Burnett's Solution. But the distinctive part of the author's treatment consists in the administration of dilute acetic acid, in doses of



half a drachm and upwards, according to age, given in syrup or other convenient vehicle. This medicine is followed by the exhibition of stimulants, as wine or brandy, given with arrow-root, gruel, or with any diluent, together with beef-tea, or veal, or chicken-broth. These stimulant and supporting hygienic measures are, as a rule, commenced on the second day of treatment. The state of the throat is diligently attended to; the tonsils and fauces being sponged two or three times a day with a strong solution of nitrate of silver, (ten grains of the salt to one ounce of water). This application induces a healthy action in the parts, and brings away the viscid mucus which adheres to them, and impedes respiration and deglutition. Not unfrequently, moreover, the caustic solution is advantageously projected by a syringe, through the nostrils, to the upper and back part of the pharynx, in order to remove the acrid, and often sanious discharge which is thrown off from that part and from the posterior nares.

Besides the above remedial measures, recourse to opiates or sedatives is mostly necessary, to produce sleep or allay irritation. Tonics, as bark, may be usefully combined with the acetic acid mixture; and the exhibition of ammonia is indicated where great depression exists.

Although unable to state the *modus operandi* of acetic acid, Mr. Brown believes it to be a direct stimulant to the skin and kidneys, tending to remove the existing congestion of their vessels. As soon as these excretory organs can be made to act, he considers the danger of scarlatina is passed — *i. e.*, should no extraneous accidental circumstance interfere.

When death takes place, it appears to the author to depend either upon the deadly influence of the poison on the brain and nervous system generally, as seen where coma and delirium supervene in the course of the first three days; or on a mechanical impediment to respiration, from the condition of the fauces, together with the consequent circulation of imperfectly aerated blood, and, probably, the constant re-imbibition of the poison into the circulation, by the necessary passage of the inspired air over the diseased mucous membrane of the tonsils, pharynx, &c.

Coma, or delirium, when present, instead of indicating the employment of venesection, the author believes should be treated by the administration of stimulants and sedatives; and he lays much stress upon the necessity of maintaining an uniform temperature during the whole course of the disease; as any check to the efflorescence may give a fatal turn to the malady, or any exposure to cold, in an after stage, may be followed by dropsy.

Of the last named sequela, not one case in 253 seen by him, occurred. Desquamation was found to be favoured by the use of the warm bath; and until that process is completed, the danger of scarlatina cannot be deemed as past.

The author next proceeded to narrate some severe cases of the disease, occurring in his own practice. The first he mentioned was particularly severe, and desquamation so extensive, that com-

plete and thick casts of the skin of the feet and hands were detached.

In each of the cases the plan of treatment above sketched, was adhered to; the greatest precaution being taken to avoid change of temperature, and to ensure the patient's having a sufficient allowance of nutritious and stimulant substances, to sustain the failing powers of life.

In a concluding observation, Mr. Brown remarked that the specific stimulant influence, supposed by him to be possessed by acetic acid over the skin, might be referred, perhaps, to the chemical composition of acetic acid, an hydrated oxide of a radicle, acetule, which in its chemical relations approaches nearly to ethule, the hypothetical radicle of ether, and indeed belongs to the Ethylic series.

November 11, 1848.

FRANCIS HIRD, Esq., President, in the Chair.

Dr. Woodfall exhibited a gall-bladder and kidney, and read the following account of the case.

The patient was a female, aged thirty-eight, who had been subject, for many years, to disorder of the digestive organs. In March last, she suffered very severely from headache and sickness, but her health improved greatly during a subsequent residence in the country. Early in September, soon after her return to London, she was seized with a violent attack of epistaxis, which was with difficulty controlled, and from which she never fairly rallied. Dr. Woodfall saw her first on October 3rd, and found her very pale, greatly emaciated, and suffering from obstinate vomiting and extreme tenderness in the left hypochondriac region. The urine was pale, clear, and acid, it deposited an abundance of albumen, on the application of heat, and was of specific gravity, 1008. The vomiting and tenderness were soon relieved, but a convulsive attack took place shortly afterwards; the sensorium became affected, the countenance assumed a peculiarly wild and anxious look, though, on the attention being roused, she was able to understand and answer questions. About ten days before death, the conjunctivæ of both eyes became injected with blood; there was a return of epistaxis, pale coloured blood continuing to ooze from the nose for some hours; and there was hæmatemesis. The convulsions recurred at frequent intervals, and after lingering for a long period, death, preceded by coma, took place on October 29th. The urine was usually not deficient in quantity, though, on two or three occasions, none was voided for nearly twenty hours; it became neutral, or even alkaline, but continued to deposit albumen, on the addition of nitric acid; and the last time he examined the specific gravity, about a fortnight before death, it had fallen to 1005. On examination after death, the kidneys were found to be smaller than natural, pale and flabby; the left (the one exhibited)



was smaller than the right. The emulgent artery, where it entered this kidney, was of cartilaginous hardness, and the vein was partially blocked up by a firm mass of fibrine. The divided arteries of the mesentery were rigid and gaping. The liver appeared natural in structure. The gall-bladder was of a deep purple hue, and firm and flesh-like to the touch; on slitting it open, it was found to be filled with a firm coagulum of blood, partially adherent, the source of which was extensive ulceration of the mucous membrane of the fundus and body of the organ. The other viscera of the abdomen presented no unnatural appearance, and, unfortunately, time did not permit him to examine those of the chest and the brain. On reviewing the case, there could, he thought, be no doubt that the disease of the kidneys was of long standing. Whether it was occasioned by the condition which appeared to prevail in the arterial system, or whether both were the common result of faulty nutrition, it is not easy to decide, but he considered the latter the more probable explanation. The hæmorrhagic tendency which prevailed during the last two months of the patient's life was very remarkable.

Mr. Dunn exhibited a Placenta, which had presented in an abortion, at about the six month of pregnancy.

Considerable hæmorrhage had prevailed for two months, which, on the last occasion, was arrested by plugging the vagina with a sponge dipped in vinegar. The os uteri having become dilated, and the placenta and funis presenting, the child was delivered by turning. It was to the condition of the placenta that Mr. Dunn wished to direct the attention of the Society. The contrast between the *detached* and the *undetached* portions was most striking. While the latter was blanched, and more pale than natural, the former would be seen to be gorged with blood. The source of the hæmorrhage, in such cases, was the great point of practical importance.

Mr. Nunn exhibited a Cast of the lower part of the leg and ankles of a woman suffering from Dropsy, dependent upon Cardiac Disease.

The integument of the parts was studded with tubercles of about the size of moderately large split-peas, while the whole of the leg was œdematous, and very much distended with serum. The tubercles secreted, or rather excreted, from their surfaces, a fluid in great abundance, and it was observed that, when the discharge of this fluid was copious, the chest symptoms remained in abeyance.

The case had been subjected to a great variety of treatments by various medical men, and by some was considered to present an example of a species of Elephantiasis.

Mr. Nunn put forward the opinion, that the tubercles were the papillæ of the skin, hypertrophied and transformed into an excerning apparatus, the office of which was to rid the limb of effused fluid.



Dr. Ogier Ward related a case of sudden death, presenting some unusual post-mortem appearances.

Mrs. H., aged fifty-three, stout, but not florid, and liable to convulsive fits, had an attack resembling Angina Pectoris, while walking home. She had had an attack in church three weeks previously. Being taken to a medical man, her face was noticed to be pale, the eyes staring, the neck distended, but the veins not prominent; she complained of pain passing from her heart to her back, and gasped for breath; clear froth flowed from her mouth; she stretched herself out and died, the mouth being drawn to one side.

The medical man attempted to bleed her, but from both arms could only get a few tea-spoonfuls of thick black blood. On being laid out, her stays were found so tight that the lace could hardly be cut, but immediately this was done, the distortion of the face ceased, the left arm burst out bleeding, the blood was red and florid, and when, after great difficulty, the flow was stopped, the right arm began to bleed; previously to this a slight flush had been noticed on the cheeks, and the layer-out fancied that the woman's hand closed upon hers; the countenance also became quite placid, so that some doubts were held as to the real occurrence of death. The body was, however, placed in a coffin, where the same appearances continued undiminished, and an inquest was held upon it the second day after death, florid red blood continuing to flow during both days. After the inquest the coffin lid was laid on, which caused the cheeks to become more coloured, and a perspiration to appear upon the cheeks and forehead. The right arm was now stiff and cold, but the body had previously remained warm, and the nose and lips never became stiff; frothy mucus continued to flow from her mouth, and blood to trickle from her arms. The coffin-lid was secured and the body buried three days after the inquest.

While she lay in the surgery, the medical man listened to the heart's action, but heard no pulsations, nor were any felt by her friends subsequently.

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November 18, 1848.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Mr. Canton gave a detailed account of certain morbid appearances which he had met with in the examination of the bodies of three children, two of which had been "overlain," and the third, intentionally, suffocated. Each case had been the object of judicial inquiry. The subjects were only a few months old.

*Exterior of the body:* Features placid; lips congested; eyes not unduly prominent; conjunctivæ rather extra-vascular; hands clenched; no blotches of ecchymosis to be anywhere detected.—

*Head:* Patches of effused blood, here and there, beneath the pericranium; cranial bones engorged with blood. In two cases, great congestion of the pia mater, in all its superficial extent, accompanied by numberless subjacent sanguineous extravasations, varying in size from a pin's point to a silver penny: no such effusion within the brain or its containing membranes; a little clear fluid in the ventricles. In the third case, the intracranial appearances were natural, whilst those of the skull bones and pericranium were the same as described. A little clear frothy mucus in the trachea and bronchi, with redness of their lining membrane.—*Thorax:* No fluid within, or adhesions across, the pleural cavities. Lungs much congested and crepitant, whilst beneath the visceral and reflected pleuræ, blood had been everywhere effused, presenting numerous small bright red patches, and fine points; all the blood of the substance of the lungs was *within* its vessels. The pericardium contained some serum, and was spotted in its whole extent after the manner described; the vasa vasorum of the heart's great vessels and thoracic aorta were minutely injected. In one case there was a large quantity of blood extravasated posteriorly, and especially on the left side, in the groove between the auricles and ventricles, as though the coronary vein had been ruptured; this latter point, however, was not ascertained. In this instance, too, the substance of the heart, particularly its left ventricle, was so soft as to become readily pulpy on slight pressure between the finger and thumb. The right cavities, in all the cases, were replete with dark, liquid blood; the left ones nearly empty; the tissue of the organ free from extravasation. The surface only of the thymus gland was mottled like the heart. No unnatural appearance within the abdomen. Mr. Canton inquired if any member of the Society had met with similar appearances in these cases, as those relating to the ecchymosis were not, he believed, mentioned by medico-legal authorities.

Mr. Hird exhibited a specimen of a portion of pericardium, on the right side of which was a pendent cyst, communicating with the cavity of that membrane by a slit-like opening.

The preparation was obtained from a dissecting-room subject, aged sixty-five years, and no history was attached. Six ounces and a half of fluid were contained in the pericardium and cyst together; the latter containing about six drachms. The walls of the cyst were composed of pleura externally, and serous pericardium within. The surface of the heart was rough from an old effusion of lymph, and the mitral valves presented vegetations.

Dr. Garrod read a paper "On the simultaneous Progress of Gout and Phthisis."

He was induced to bring this subject before the notice of the Society, as in a paper on phthisis, communicated during the last session, it was asserted that a gouty condition of the system or blood was inimical to the development of tubercular disease; and

it was suggested that, for the purpose of preventing or curing the latter affection, an attempt should be made to produce a gouty diathesis; and even the internal administration of urate of soda was hinted at. Dr. Garrod first spoke of some recent researches he had made on the subject of gout, and published in the last volume of the *Transactions* of the Royal Medical and Chirurgical Society, and described what he considered to constitute a gouty condition of blood—viz., the presence of an excess of uric acid, before and during the paroxysm, in acute gout; and as an almost constant accompaniment in those forms of the disease where tophaceous or chalk-like deposits take place in different parts of the body. The author then stated, that if the gouty and tubercular diathesis were antagonistic, phthisis would never become developed in the inveterate forms of gout above alluded to. To prove, however, the fallacy of the idea, the following case was related:—A young man, aged twenty-eight, a native of London, whose father and grandmother had suffered from gout, applied for relief at University College Hospital, and was admitted under the care of Dr. Williams. He was a painter by trade, and for some years had been of very intemperate habits, but until the last few years had had a sufficiency of food and clothing. From the age of seventeen, he had suffered from what he termed “rheumatism,” (gout?) but had no affection of the heart with it. Formerly, he was of full habit, but about three years since he began to lose both flesh and colour, although he did not feel particularly ill, and had no cough at the time. He was soon after seized with an attack of gout, both in his feet and hands, tophaceous deposits formed, and he was confined to his bed for twenty-eight weeks. About two months after his recovery, he was again attacked, and then had a severe cough, with expectoration of a greenish hue. The pectoral symptoms continued for about four months; the gouty, two months longer. From this date until his admission into the hospital he was constantly suffering from chest affection and gout; hæmoptysis had occurred once, and deposits of urate of soda frequently came away from his joints. When admitted into the hospital, he was pallid and emaciated; complained of pain in various joints arising from gouty inflammation; also of pain in his side, cough, and expectoration of a muco-purulent character. On physical examination, clear evidence was found of the existence of tubercular deposits in both lungs, especially the left, at the apex of which, a distinct cavity was indicated by the production of pectoriloquy and cavernous respiration; during the remaining month of his life, the gouty affection continued to progress—now appearing in one part, now in another, and occasionally with the discharge of urate of soda from some of the joints. The thoracic affection also continued to advance, accompanied with hectic symptoms, increase of cough, and sharp pain in different parts of the chest, until he fell into a state of stupor, and so continued for a day or two, when death took place. The post-mortem appearances fully proved the accuracy of the diagnosis. At the apex of the right lung a cavity was found, large enough to contain



a walnut; the rest of the lung being studded with scattered tubercles in different stages of development. The apex of the left lung was excavated to the depth of four or five inches, and the remaining portion was sprinkled throughout with grey tubercles. The heart was healthy; the liver had patches of soft tuberculous deposit on its surface; the kidneys were small, and many of the tubuli filled with a white matter, consisting of crystallized urate of soda and uric acid; spleen enlarged. Mucous membrane of the colon ulcerated in patches. An examination of the blood was also made, and it was found to contain a very large amount of uric acid, larger than Dr. Garrod had ever before obtained. Some remarks were then made on other cases, in which gout and phthisis existed together; the rarity of the combination being easily accounted for by the fact, that gout in general does not appear till after the age of forty, whereas tubercular disease is much more frequent before that period. It also appeared very doubtful to the author whether, granting the correctness of the hypothesis advanced in the paper alluded to, a gouty condition of blood could be induced by the internal administration of urate of soda.

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November 25, 1848.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Canton exhibited a specimen of Cancer of the Clitoris, together with portions of this deposit in various tissues of the same body.

The patient was upwards of sixty, and had suffered from the complaint for several years. The labia minora and inguinal glands were the only parts implicated, in the vicinity of the disease. The bones, generally, were brittle, and some of the ribs especially so, where masses of scirrhus, embedded in the lungs near their surface, had become adherent to them. The latter were emphysematous, and a little turbid fluid was found in the pleural sacs. The liver, kidneys, and left crus of the diaphragm were the other parts affected.

Mr. Haneoek exhibited a Model of a Surgical Bed.

At the head of the bed was a windlass, by which the patient could be raised up, lying on a moveable platform, and made to assume any position required without any effort on his part. At the foot of the bed was a pivot, by which the platform could be fixed in any position; and on the under surface of the platform was a sheet divided into several pieces, so as to admit of the exposure of any part of the patient's back requiring attention. Mr. Haneoek had found the bed of great service, in a case of a woman who threw herself out of a third-floor window, and had in consequence sustained a compound fracture of the thigh, and a severe laceration of the back, denuding several bones of the flesh covering them.

Dr. Webster read a paper entitled "Remarks on the Statistics, Pathology, and Treatment of Puerperal Insanity."

After a few prefatory observations in regard to the severe symptoms frequently characterizing this disease, and the anxiety it often excites amongst relatives and attendants, when they perceive the patient's mind begin to wander, or reason altogether to forsake its seat, the author entered into several elaborate yet interesting statements respecting the frequency of puerperal insanity compared with other varieties of mental disease. To illustrate this point, he stated that, in 1091 curable female patients recently attacked by insanity, and admitted into Bethlem Hospital, during the last six years, 131, or one-eighth of the whole, were puerperal cases; thus showing that the malady is not so unfrequent as many may perhaps believe. Again, as to the curability of this form of mania, more recoveries were reported than in the other varieties of lunacy; 81 puerperal patients having been cured, or at the rate of 61·83 per cent.; whereas the average recoveries during the last twenty years, in all cases of insane females treated at this institution, was 53·67 per hundred. Hence, three in every five cases of puerperal insanity may be confidently expected to get well within a year. In regard to hereditary tendency to mental disease, 51 of the 131 patients were thus predisposed, or 39 per cent.; whilst 41 were suicidal, being at the rate of 31 in every 100. Both these peculiarities are of much importance in this malady, and materially influence the disease, its progress, and result. Respecting the total deaths in the 131 puerperal patients, the author reported that they amounted to 6, or  $4\frac{1}{2}$  per cent.; thus making the average rate of mortality nearly the same as in other species of insanity, taken collectively. The particulars of the fatal cases, and pathology, next occupied attention, and on this point the author stated, that three of the six patients who died were suicidal and hereditary; one was only hereditarily predisposed to insanity, but not suicidal; whilst two, it was reported, had neither of these peculiarities; and none were insane previously. In addition to these facts, the author also mentioned, that half the deaths occurred in persons who were not affected longer than fifteen days, the shortest period being eleven days; and that all were attacked by insanity within seventeen days after their confinement. In none of the dissections were any morbid changes observed in the abdomen, but the lungs always appeared to be diseased, as also the brain and its membranes. The details of an autopsy were then described, as illustrative of the diseased changes of structure frequently met with in puerperal mania; the principal morbid alterations being, turgidity of the blood-vessels of the brain and membranes; large bloody points on cutting the cerebral substance; slight serous infiltration of the pia mater, and considerable effusion of fluid into the fifth ventricle: adhesion and purulent ulceration were noticed in the left lung, with hepatization in other portions of that organ, and in the right lung partial pneumonia in the congestive stage. Although this patient had been delivered only twenty-six days prior to her death, no



corpus luteum could be discovered in either ovary, and no diseased changes of structure were noticed in the abdomen. Notwithstanding that it appeared rather a digression, the author remarked, that although gangrene of the lungs is very rare in persons carried off by bodily disease, but without any mental affection, sloughing of that organ is not unfrequently met with in lunatics. This he said from his own knowledge, and the same observation had been made by others, especially in the continental lunatic asylums. Puerperal insanity, in the author's opinion, is both more frequent and fatal in the upper than the lower classes of society; the suicidal and hereditary cases being less tractable, and more destructive to life, than the other forms of the malady. He also remarked, that the melancholic cases proved more protracted, and less curable, than the other varieties; and that, although over-lactation seemed to be a frequent cause of insanity, it is then generally very amenable to cure; and that, notwithstanding the malady may arise oftener from parturition than from lactation, it comes on, relatively speaking, in a greater number of cases after weaning than during the period of suckling. Further, that the disease more commonly attacks females from the age of twenty to thirty than at other periods; is more serious in single than in married women, mania being the most frequently observed; and that three cases in five usually occur before the fourteenth day after delivery; whilst the danger is always diminished, the later the period at which the attack comes on after parturition. That formerly, the variety of insanity now under discussion was comparatively less frequent, but that it proved more fatal than recently. That Dr. Haslam, for instance, reports that, during the time he resided at Bethlem Hospital, only 85 cases of puerperal insanity were met with in 1644 lunatic females admitted into that institution, being at the rate of five cases in every 100 admissions. Again, that Dr. Burrows records 10 deaths, besides one suicide, in 57 cases which came under his immediate observation, being more than quadruple the mortality mentioned by the author in the first part of this paper; whilst, according to Dr. Copland's experience, one out of every eight cases of puerperal mania usually terminates fatally.

Dr. Webster afterwards alluded to the treatment of puerperal insanity; and considering cerebral irritation, combined with great exhaustion of the nervous system generally, to constitute the true character of this disease, and that it rarely, if ever, proves inflammatory, he thought depletion, or the use of strong antiphlogistic measures very seldom admissible. Leeches appeared in some cases advisable; but even then they should be applied with great caution, and their effects carefully watched. As a general maxim, the author advised the same principles to be followed in the treatment of this malady as in delirium tremens, since the nature of the two diseases was somewhat analogous. Opium, camphor, ammonia, and aromatics, with some of the diffusible stimuli, proved excellent remedies, and ought to be chiefly relied upon. When opium fails to procure sleep—so beneficial in this, as indeed in every form of



insanity—then conium, hyoscyamus, or Indian hemp, may be substituted. Mild purgatives, to open the bowels, and sometimes cathartics, should be prescribed; but powerful drastic medicines are seldom advisable. Enemata also are useful, conjoined sometimes with turpentine. When the disease assumes a more chronic form, setons or issues may be made in the neck, and counter-irritation employed. The shower-bath, from its strengthening influence, then acts beneficially; whilst tonic remedies, with more nutritious food, become necessary, and prove advantageous: indeed, low diet is very often prejudicial in insane patients, and it has been long remarked in many asylums, that improved nutriment, especially in lunatics who have previously suffered privations, frequently becomes a powerful means for promoting recovery. In recent cases of puerperal insanity, when the circulation is accelerated, accompanied by evident congestion of the brain, leeches to the temples and behind the ears, or blisters, might then be applied, and afterwards cooling lotions, with ice to the head; whilst tartar emetic, or ipecacuanha, in nauseating doses, and digitalis, may be administered for the same object. Besides medical treatment, moral means, with judicious occupation and amusements, when proper for the patient, must not be overlooked, as these very often constitute effective adjuncts in the management of the insane. With the view of briefly illustrating the symptoms and treatment proper to be pursued under ordinary circumstances, the author next narrated two cases of puerperal insanity, one being affected with mania, the other with melancholia. In the first, or maniacal case, the patient, a single woman, aged twenty-one, whose child did not survive, had hereditary tendency to mental disease, but was reported as not suicidal. She was very noisy, incoherent, often much excited, frequently very wild, violent, exceedingly mischievous, used bad language, destroyed her clothes, and paid no regard to personal cleanliness. She took food voraciously, was very restless at night, and dirty in bed. Pulse generally quick, and bowels constipated. The remedies employed consisted of opening medicines, cooling saline mixtures, and croton oil, on one occasion, with regulated diet. Subsequently, bodily occupation and amusements were put in requisition, whereby the patient soon became convalescent. The second case was an example of the variety denominated melancholia. In this patient, a married woman, aged thirty, suicidal and hereditary tendency to mania existed. She was hasty in temper, but naturally cheerful. The attack commenced a month after delivery, and her child was weaned when six weeks old. She had been much debilitated by hæmorrhage after labour; appeared often very depressed and melancholic; generally very desponding of her insane state, and had attempted to injure herself. She took food very unwillingly; could not sleep at night; would scarcely remain in bed, and endeavoured to escape from her room. The pulse was of natural frequency, and the bowels regular. Early in the disease, leeches were applied once to the temples, and afterwards blisters to the neck on three occasions. Opiates and camphor were prescribed, with purgatives, especially

the compound decoction of aloes. Latterly, the cold shower-bath and tonic medicines were employed. The diet, at first light, was subsequently more nutritious, and malt liquor was allowed; by which means, and by proper occupation, conjoined with amusements, as the patient improved, she recovered. In concluding his paper, of which the above report is merely an abstract, the author made some observations respecting the employment of restraint to persons labouring under lunacy in any form. Dr. Webster was decidedly opposed to the use of any such severe measures; and said that, if improper in ordinary cases of mania, mechanical coercion was even more inapplicable to puerperal insanity, because wherever the strait-waistcoat is adopted, lest the patient might injure herself—the excuse commonly assigned by attendants—the exasperation and excitement then exhibited, appear more frequently as a consequence of, than a warrant for, such barbarous proceedings. This is found to be especially true in respect of suicidal patients, since experience amply demonstrates that the mechanical restraint of insane persons so disposed, and even of individuals who have never shown any propensity of the kind, often acts as a highly exciting cause of suicide. The degradation which even lunatics feel, when thus treated like criminals, frequently produces most injurious effects upon their weakened minds; and if the insane patient, subjected to such cruel treatment, be a female of delicate constitution, susceptible feelings, high accomplishments, and of education, the objections to strait-waistcoat, or similar mechanical means of coercion, become much stronger, as the results, in all likelihood, will prove more disastrous.

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December 2, 1848.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Dr. R. C. Golding exhibited a heart taken from a young woman, a dress-maker, aged twenty-four, who died of acute pleurisy of the right side, with bronchitis. The patient had been under Dr. Golding's observation, and often treated for rheumatism by him during more than three years. Dr. Child had attended her during her last illness, and had invited Dr. Golding to the autopsy. The cardiac disease had lasted for six or seven years, its symptoms not having materially varied since she first came under Dr. Golding's care. The health of the patient, when free from rheumatism, was tolerably good; and as great caution in diet and regimen was enjoined and punctually observed, her life was prolonged, till the accession of the pleurisy and bronchitis, for which Dr. Child attended her. The physical signs indicated great hypertrophy of the heart, with double valvular disease of its left cavities. Dulness was appreciable along the lower half of the sternum, as high on the right side as the cartilage of the third rib, and on the left to the second rib. The apex of the heart was felt beating between the



seventh and eighth ribs, three inches at least more to the side than in health. The sounds were feeble; the rhythm, under ordinary circumstances, not impaired; the impulse strong; and the pulse full and bounding. There was a double murmur at the apex, and a very loud and rough diastolic sound at the upper part of the sternum, at its sides, and along the neck. The autopsy revealed great thickening of the tricuspid, mitral, and aortic valves: the two former formed perfect rings around the auriculo-ventricular openings, which must have been patent during life; the pulmonary valves were healthy; and the calibre of the aorta above the valves was much contracted. The pericardium was thickened, but nowhere adherent or unduly vascular. There was recent pleurisy of the right side, great congestion of the lungs, together with a little emphysema here and there. The gall-bladder contained a few small calculi: nothing else was noticed as irregular or morbid.

Dr. Golding considered that the heart showed clearly that rheumatism was the cause of the valvular lesion in both ventricles; that the same disease, influencing the valve in precisely the same manner, and relatively in the same degree, existed in both tricuspid and mitral valves; and that the perfect rings formed by the adhesion from inflammation of the divisions of the valves respectively, (together with the thickening, shortening, and adhesion of their chordæ tendineæ,) must have been attended, during life, with permanent patency of their orifices.

Dr. Wm. Merriman narrated a case, which presented many symptoms of laceration or rupture of the uterus.

A woman, aged twenty-eight, in labour of her third child, was found with the os uteri fully dilated, the bag of membranes dilating the vagina, and the vertex presenting over the pubis. The membranes having speedily ruptured, the head descended, but not so as to occupy the whole brim of the pelvis; on the contrary, very violent pains drove it rather against the pubis and fore part of the vagina. After an hour's duration of unusual suffering, chloroform was exhibited for two hours, in hopes of mitigating the suffering, while the pains propelled the head gradually downwards; but this not ensuing, three doses of ergot were given, without any pains succeeding. Vomiting and tenderness of the abdomen came on about this time, to relieve which the patient had forty minims of laudanum. After some hours, it was found that the head had been completely retracted, and the constitutional disturbance still continuing, Dr. Chowne's advice was sought, and the woman was delivered by turning, twelve hours after the cessation of the pains. The child lay very high up, yet still within the uterus, and the hand was first reached. The child was, however, dead; the uterus contracted well. By careful watching, the patient had very much recovered, and Dr. Merriman had considerable hopes of her complete recovery, ten days having elapsed since the labour.



PROCEEDINGS  
OF THE  
WESTMINSTER MEDICAL SOCIETY.

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SESSION 1848-9.

No. 2.

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December 9, 1848.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Harvey exhibited an Acephalous Monster born at the full period of pregnancy.

Another child accompanied it, which was remarkable for its badly-nourished condition; the funis was small and short; there were two placentæ; that belonging to the monstrosity was very large. When it was born, the integuments presented a dark blue colour above the umbilicus, and below it a pale red. The exterior view presented no head or upper extremities: the inferior extremities, large and well-formed, terminated in club-feet; the left foot had three toes, the right five, each furnished with a nail. On the fleshy substance above and between the shoulders, representing the head, were observed some slight tufts of hair, and two button-shaped fleshy substances, the one in the centre and the other to the right side; the external organs of generation were well marked as a female, and the anal aperture communicated with the intestinal tube. An incision was made through the centre of the body, with the view of inspecting the parts within; it brought into view a cavity containing the base of the skull resting on the atlas on either side, bounded by the ribs; neither clavicle nor sternum was present. The cavity was filled with loose cellular structure and a sac, which would contain about a teaspoonful of fluid; the internal layer resembled the fibrous structure of the auricles of the heart. The connexion of the sac with the umbilical vessels was made out, but no vessel could be discovered running from it; perhaps this was in consequence of decomposition. A large vessel, probably the aorta, took the course of the vertebral column on each side, and terminated in four distinct branches at the sacrum, two running to the anterior part of the thigh, and two to the posterior. There was an absence of all the viscera of the abdomen, excepting the intestinal tube,

which was closely adherent to the abdominal parietes. The urinary organs and the internal organs of generation were also absent; the spinal portion of the skeleton was greatly incurvated, and on each side of the three upper ribs was a loose portion of bone resembling a scapula. The spinous processes of the vertebræ were much enlarged, and the vertebral canal was filled with spinal marrow; the nerves arising from it were observed to be large and irregularly distributed. Very little muscular structure was observed, the anterior parietes of the abdomen being composed, solely, of common integument and adipose structure.

A communication was read from Mr. I. B. Brown, stating that he had used collodion with advantage in cases of sore nipples.

Dr. Lankester exhibited a fatty kidney, taken from a patient who had died of phthisis, and who had been taking cod-liver oil. He inquired whether any connexion was probable between the disease of the kidney and the medicine.

Dr. Lankester narrated a case of Poisoning by Opium.

An Irish woman, aged forty, was admitted into University College Hospital, at eleven A.M., on April 8. She was supposed to have taken opium, and had been brought to the hospital six months previously, under the same circumstances. Her face and hands were livid; there was no pulse perceptible at the wrist; the breathing was slow, laborious, and accompanied with a loud mucous rhonchus. The carotids beat irregularly, about fifty strokes in the minute. The accompanying coma was profound. The stomach-pump was applied, and coffee with ammonia injected into the stomach. The patient was undressed, and several pitchers of cold water were poured over her from a height. This had the effect of slightly arousing her, but the surface became cold, and she was wrapped in blankets, and her feet put in hot water, from which she directly withdrew them. Some more warm coffee was administered by the stomach-pump at half-past twelve, the coma still continuing; the surface was cold; no pulse at the wrist; the breathing stertorous. She was put into a hot bath, which had the effect of causing a momentary return of sensibility; after this she began to swallow, and more coffee was administered with ammonia. At two o'clock the symptoms were worse; the pupils, which at first were not remarkably contracted, now became so. The coma increased, and the breathing became more stertorous and embarrassed; an enema of turpentine was administered, but no improvement took place in the symptoms. The difficulty of breathing and coma increasing, she was bled to six ounces from the arm. The symptoms slightly improved. An attempt was made to walk her about the ward, but no sooner was she placed in an upright position than the respiration became embarrassed, and the coma increased. Under these circumstances, the electro-magnetic battery was employed, and currents of electricity were passed through the shoulders, chest, abdomen, arms, and legs. Under this treatment the

symptoms improved; the pulse became perceptible at the wrist; the tendency to drowsiness continued to a greater or less extent till ten P.M., but was effectually prevented by passing a weak electric current through both arms. When recovered, she stated that, at five o'clock the previous evening, she had taken a shilling's worth (about two ounces) of laudanum. She had, therefore, been eighteen hours under the influence of the poison before any treatment was commenced. She was discharged from the hospital, but was subsequently readmitted, with gangrene of the lungs, of which she eventually died. The post-mortem examination revealed a tuberculous condition of the left lung, and a large cavity, produced by gangrene, on the right lung.

The author drew attention to the following points:—1. The condition of the patient when brought to the hospital. The symptoms were of such a nature, that all who saw her despaired of affording any relief, and only a sense of duty prompted them to make an effort for the rescue of the patient. 2. The benefit experienced in the use of cold affusion in this case would warrant its application in similar cases, or wherever the same combination of symptoms was present. 3. From the effect of the ammonia and the turpentine enema in this case, it may be inferred, that such stimulants are amongst the remedies in cases of poisoning by opium which should not be had recourse to but under the most urgent circumstances. The condition of the nervous system is very different in coma from narcotic poisons, and coma from mere congestion. 4. The reaction which was observed at two o'clock, and attended with more decided symptoms of narcotism, may, perhaps, serve to explain the cause of death in cases where persons have apparently recovered from the effects of narcotic poisoning, and afterwards again sunk. 5. The evident advantage of using the electro-magnetic apparatus as a means of arousing the sensorium in cases of poisoning by opium, especially when, as in the present case, other means cannot be well employed. 6. The tuberculous condition of the lungs may suggest the question, as to whether this was the result of the depression brought about by the poisoning, or whether, rather, this condition was not present when the poison was taken, and contributed to that congestion of the lungs which was so remarkable a feature of the case, and brought on the gangrenous condition of these organs, of which the woman died. 7. The non-contracted condition of the pupils, and the want of opium smell in the contents of the stomach, are points worthy of notice in this case.

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December 16, 1848.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Mr. Canton exhibited a preparation of an ununited, comminuted fracture of the surgical neck of the humerus, accompanied by displacement of the long bicipital tendon; also an example of unreduced dis-



location of the radius forwards at the elbow, with partial luxation of the ulna inwards.

Both specimens were removed from the right arm of an elderly female, and no history of them could be ascertained. In the first preparation a strong fibrous capsule was formed, enclosing the ends of the broken bone, and in it were entangled the comminuted fragments, one of which was coated with porellanous material, in a manner similar to that part of the surface of the shaft it had played on. The shaft was drawn upwards and inwards; the biceps tendon was well retained in its new situation on the lesser tubercle of the humerus, and the articular surface of the bone was directed unnaturally outwards. In the second preparation Mr. Canton remarked, it was interesting to observe the great degree of mobility Nature had established, though the accurately-fitting surfaces of the ulna and humerus no longer rightly corresponded with each other; and this end had been obtained by a modification of the form of the trochlea, and by extension inwards of its surface; so that, from this latter circumstance, the projection of the internal condyle was altogether lost. The head of the radius revolved freely in a broad cavity above the capitulum humeri, and was retained *in situ* by a strong coronary band passing from the external condyle to the anterior edge of the lesser sigmoid cavity of the ulna. The coronoid fossa was obliterated, and the pit for the olecranon nearly filled up.

Mr. Henry Smith related a case of perinæal abscess, accompanied by symptoms resembling quotidian ague.

The patient was a middle-aged gentleman, who had been under treatment for a month when Mr. Smith first saw him, for what was supposed to be quotidian ague, but had received no benefit. On the third day after the first visit, the patient called his attention to a painful sensation he had in the perinæal region, and, on inspection, a tumour was discovered containing matter, which was evacuated in large quantities, and on the following day a stricture was discovered, and a small catheter passed. The patient was greatly relieved, and recovered quickly, having had no return of the rigors, or other feverish symptoms, since the operation. The author observed, that although it was far from uncommon to meet with cases in which symptoms simulating ague accompanied diseases of the urinary apparatus, especially perinæal abscess, at the same time he thought it was rare to meet with a case in which the symptoms were so prominent and so strikingly similar to ague, that they alone attracted the attention of the practitioner who had attended him, and were treated as ague for about three weeks, while the *fons et origo mali* had not been discovered. The paper concluded by a few remarks upon the sympathetic effects of stricture of the urethra.

December 23, 1848.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Henry Smith narrated the following case:—

He had been called to a case of Scarlatinal Dropsy, commencing about ten or fourteen days after the eruption appeared, but as he had not attended the case at first, he could not speak positively on this point. The boy's age was sixteen. Mr. Smith was sent for, as the boy was in a fit; he applied a blister to the neck, and gave a strong purging dose; the convulsions, however, recurred frequently, and in the evening he bled him to eight or ten ounces. Immediately the convulsions ceased, but the respiration became very difficult, from obstruction in the bronchi, and he died from asphyxia, the next morning. Before bleeding, the pulse was quick and sharp, and the pupils dilated; the urine was very scanty, and of a deep red colour. Mr. Smith asked if the bleeding had probably accelerated the death?

Dr. Snow read a paper on the use of Chloroform in Parturition:—

He said that the chief objections which had been made to the use of anæsthetics in midwifery were of an *à priori* kind, but that the question ought to be decided by experience. Some objections had arisen from the supposed necessity of inducing a deep state of insensibility, and he was of opinion that if it were requisite to cause the same amount of insensibility in midwifery, as is required in surgical operations, this would be a valid objection, as he considered that this state could not be continued for two or three hours without injury to the patient. But this amount of insensibility was not required in obstetric practice except to arrest or diminish strong uterine action for a few minutes to facilitate turning the child. The suffering, attendant on labour, might often be greatly relieved, or even altogether removed, without suspending the consciousness of the patient. Towards the conclusion of labour it was usually necessary to carry the effect of the vapour a little farther, but even then it should not exceed the second degree of anæsthesia, or that condition of the patient in which the mental functions are not altogether suspended, but in which there is a dreaming or wandering state of the mind; the patient, nevertheless, usually remaining silent if not spoken to. In labours unassisted by manual or instrumental aid, the auxiliary action of the respiratory, and even of the voluntary muscles, continued without interruption when the chloroform was well managed. He considered that a medical attendant acquainted with the action of chloroform, and the mode of applying it, might administer it with propriety in all cases, in which the pain was either severe or protracted, whether they fell within the division called natural labours or not. He then related two cases in illustration of the beneficial action of chloroform. He used an apparatus in administering it,



and gave a little at the beginning of each pain. He disapproved of Dr. Simpson's plan of giving chloroform on a handkerchief, and more particularly of his practice of putting three or four drachms on the handkerchief to begin with. To show the danger of this practice, he alluded to the fatal cases published, and read some notes, furnished to him by Mr. Henry Smith, of a case in which the patient very nearly lost her life from chloroform given in this manner, preparatory to an operation. Chloroform was of great service in removing rigidity of the os uteri and of the perinæum, and it had relieved puerperal convulsions in two cases on record.

Dr. Snow concluded by remarking, that as all medical men were actuated in their views only by a desire for the well-being of their patients, the difference of opinion in the profession concerning the employment of chloroform in midwifery ought not to be attended with any acrimonious feelings.

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January 6, 1849.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Mr. Hancock related a case, in which he had removed the os calcis from a patient suffering from caries of that bone, a proceeding which he believed had never been previously adopted; and although, from the causes detailed, the case did not terminate so favourably as could be desired, still the operation had succeeded in two instances, related by Mr. Greenhow, at the Newcastle and Gateshead Pathological Society, and was therefore worthy of consideration.

R. W——, aged twenty-four, a butcher by trade, and of scrofulous diathesis, was admitted into the Charing-cross Hospital on the 23rd of May, 1848. He was suffering from caries of the os calcis of the right foot, with abscess; the bone was rough, but not loose. His other leg having been removed some two or three years before, for scrofulous disease of the knee-joint, Mr. Hancock was anxious to preserve as much of the remaining foot as possible, and accordingly decided, as the disease appeared to be limited to the os calcis, to confine his operation to the removal of that bone alone. Accordingly, on the 2nd of June, the patient having been placed under the influence of chloroform, assisted by Mr. Avery, and Mr. Canton, he removed the bone, by carrying a semilunar incision from the posterior angle of the inner malleolus across the sole of the foot, to the external malleolus, the convexity of the flap looking forwards. The flap, thus made, was carefully reflected, the tendo-Achillis divided, and the knife being carried from behind, forwards, between the astragalus and the os calcis, the latter was dissected out without any difficulty. Two or three vessels were tied, and the flap being brought over, the edges were united by sutures and strapping. The patient went on extremely well until the 6th, when erysipelas came on, accompanied with severe constitutional disturbance. On the 9th, a considerable portion of the

flap sloughed, and it eventually came away on the 16th, but sufficient skin remained to cover the bones completely. He continued to improve until the middle of July, the external wound being almost healed, and the foot becoming firm and of good shape; but at this time he was again attacked with erysipelas; several abscesses formed in the limb, both in the foot, above and below the wound, and in the leg and ham; his strength gave way, he became very low and weak, and it was evident that there was very little probability of saving his limb; but being anxious to give him every chance, Mr. Hancock determined to try the effect of the protein, so highly recommended by Mr. Tuson, and this was accordingly given in doses of fifteen, afterwards increased to twenty, grains, thrice daily. For some time his general health improved, but the foot did not mend, and at length, as the constitutional symptoms returned, and further delay appeared dangerous, the leg was removed at about five inches below the knee, on the 6th of October, just four months after the former operation. Mr. Hancock was inclined to attribute the want of success of the first operation to the state of the patient's constitution, and the attacks of erysipelas, rather than to other causes, and he was confirmed in this opinion by the success which had attended the two operations since performed by Mr. Greenhow, both of which were cases of accident and not disease. Mr. Hancock considered that this plan was well worthy the consideration of the profession, and should be selected in patients of good constitution, or in accidents, where the mischief was confined to the os calcis, rather than the methods hitherto employed, as thereby the ankle-joint is preserved entire, a matter of considerable importance to the patient. In conclusion, he corrected an error into which Mr. Greenhow had inadvertently fallen in the relation of his two cases, in stating that "the operation had never been performed before he did it." Mr. Greenhow had the credit of the first successful case, but the dates of the several operations prove that Mr. Hancock was the first to introduce the plan into the practice of surgery. His operation was performed on the 2nd of June, above ten weeks before Mr. Greenhow's first, which took place on the 15th of August, whilst his second was performed on the 17th of October.

Mr. Henry Smith exhibited the pharynx and trachæa of a child aged eleven months, on whom he had performed the operation of trachæotomy.

The child had suffered from chest affection for several days; and three days before he saw it, symptoms of obstruction in the upper part of the air-passages presented themselves. When he was called, he found that immediate interference was requisite, and therefore at once proceeded to open the trachæa. This he did in the usual way, with the loss of about an ounce and a half of blood. The operation lasted about a quarter of an hour, time being taken over it, as the little patient was very weak. The child lived six hours after the operation, and on examination after death the trachæa was



found healthy, the lungs being in some parts eongested. The disease was confined to the pharynx and larynx, which had been inflamed and thickened, the epiglottis and glottis being involved in the mischief.

Mr. Nunn exhibited a bladder containing a small fungous growth, taken from a patient in the Middlesex Hospital, into which he had been admitted on December 6th, for hæmorrhage from the urinary organs, then existing about four days. No disease whatever could be felt by the hand applied over the pubes, or by the finger in the rectum, or by the catheter, and the man gradually died from hæmorrhage, losing from six to eight ounces of blood a day. He had had gout, but not for five years. The microscope showed pus globules in the urine.

Mr. I. B. Brown exhibited a Funis 38½ inches long, which had not been coiled round any part of the child.

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January 20, 1849.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Mr. R. Greenhalgh read a paper on Ruptures of the Uterus and Vagina.

He stated that out of 78,018 deliveries occurring under the superintendence of Drs. Ramsbotham, Collins, Hardy McClintock, Joseph Clarke, and McKeever, this accident occurred eighty times, or once in 975 cases; out of 71 recorded cases by these authorities, 66 were fatal to the mothers—five only having recovered, or about 1 in 14. Out of 18 deliveries, 17 were fatal to the children. He then gave the result of nine cases recorded by Dr. Murphy in the seventh volume of the "Dublin Journal of Medicine," all of which were fatal to the mothers; eight of the children were still-born; one, a girl, was born alive; three mothers were 36 years of age—two, 30—one, 46—one, 26—one, 21. Two were in their tenth labour; two, in the first; two, in the third; one, in the eleventh; one, in the sixth; one, in the fifth. Eight were delivered by the crotchet; one by the natural efforts. One mother died eleven days after delivery; one, eight; one, six; one, four; one, three; one, two; two in thirty hours; one in twenty-four hours. In five cases the rupture occurred in the anterior part of the cervix uteri; two in the posterior; one patient was not examined, and in another no spot is specified as the seat of the accident.

The author then detailed a case to which he had been called. The patient was 35 years of age, in labour with her sixth child; the arm and shoulder presented, but this position was converted, by one of the gentlemen in attendance, into the first position of the head, about two hours after which she complained, during

a pain, that something had given way in her inside ; vomiting, fainting, extreme prostration, oozing of blood from the os externum, together with recession of the presenting part, speedily followed. While suffering from these symptoms, Mr. Greenhalgh was first called upon to visit her. After giving her some brandy and laudanum, he proceeded to turn the child, which he accomplished with some difficulty in the space of about three-quarters of an hour, having first removed the placenta from the vagina, where it was found lying unattached. The child was still-born ; the shoulder and arm were much swollen and ecchymosed, and over the right parietal bone was a distinct scalp tumour. She sank sixty hours after delivery, from exhaustion, in spite of a frequent and liberal supply of nourishment and stimuli. No circumstance had occurred during her pregnancy to induce her to seek medical advice ; although, when closely questioned, she admitted that she had suffered more than usual from sickness, pains in her breasts and in the left iliac fossa, and that when the child moved it gave her an idea that it was passing "over a sore place."

No post-mortem examination was permitted ; but during the operation of turning, a large rent was discovered, through which the child had escaped into the abdominal cavity, extending from the anterior and upper part of the vagina, through the os and cervix uteri, and passing obliquely to the right side of the pelvis. Mr. Greenhalgh drew the attention of the Society to the absence of symptoms, during this patient's pregnancy, of softening and inflammation ; to the comparative immunity from this accident in women who have complained of tenderness, pain, and other symptoms usually regarded as indicative of uterine inflammation, which have gone on unchecked by medical treatment ; to the feebleness of the uterine efforts in this case ; and the very unusual circumstance of the conversion of a shoulder and arm presentation unto that of the head.

He then mentioned another case which occurred in a patient of the Middlesex Hospital, of which he regretted that he had no record. The patient was about thirty-five years of age—it was not her first confinement—she had been some hours in labour—the breech presented—rupture of the uterus took place, followed by vomiting of a very violent character, great exhaustion, partial escape of the presenting part into the abdominal cavity, and more or less discharge of blood from the os externum. After having given a dose of brandy and opium, Mr. Greenhalgh brought down the feet of the child, which he extricated without delay ; the infant was still-born ; the patient sank shortly afterwards from exhaustion.

He then detailed two doubtful cases of rupture. One was a first labour, the other an eighth—both female children. In the first, the pains were irregular and spasmodic—in the second, perfectly natural in recurrence, and above the average strength. In both the head presented ; one was of natural conformation, the other hydrocephalic ; the first was expelled by the unaided efforts of nature, the second by perforation ; a sensation, as if something had given



way in the abdomen, during a pain, followed by a partial recession of the presenting part, was present in both cases; also great prostration, vomiting, but not of coffee-ground fluid, escape of blood from the vagina, and subsequently acute peritonitis. Both mothers recovered, and have since borne male children, without any untoward occurrence.

The author concluded by stating that he considered this accident more common than was generally supposed; that it far more frequently occurred in patients who had had many confinements, than in primiparæ; that the seat was usually found in the cervix uteri and upper part of the vagina; that ergot of rye might cause this accident, by increasing the action of an attenuated uterus, but not by producing any structural change in that organ. Finally, he drew the attention of the society to the various methods of delivery in these cases—by turning, by the forceps, and by perforation; and concluded by stating, that he was disposed to consider that the performance of the Cæsarian operation, in the case first recorded, would have given the patient a much better chance of recovery than the forcible attempts had recourse to for the extraction of the child.

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January 27, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Dr. Routh narrated a case of Scarlatina, followed by purulent deposits.

The child was three years old, and was first taken ill on the 7th January, with symptoms of general fever. On the 8th, the eruption of scarlatina and an otitis made their appearance. The fever progressed favourably, and lasted eight days, or till the 15th. On the 17th, the mother noticed the desquamation of the cuticle. On the 18th, feverish symptoms again appeared, the otitic discharge having persisted throughout, and in no way diminished. Next morning, the 19th, the face and body were swelled, but pale. By accident, the mother noticed a swelling about the size of a goose's egg, in the left side of the abdomen. On the 22nd, a swelling about the size of a pigeon's egg appeared over the internal condyle of the right humerus.

Dr. Routh first saw the child on the 26th instant. The abdominal tumour was then about the size of two goose's eggs, evidently situated between the parietes of the abdomen. A similar swelling, about the size of a small hen's egg, was situated over the inner condyle of the right humerus. In both, fluctuation was very distinct. The surface of the skin was very pale. Over the abdominal tumour, however, one tortuous and enlarged purplish vein was noticed. The left humerus was swollen, and apparently œdematous, but pale, and tender to the touch. There was no œdema elsewhere. The aspect of the child was very unhealthy; the tongue rather brownish; the pulse quick and feeble. A puncture being

made with an exploring needle in the swelling on the right humerus, indicated the presence of pus.

The case was interesting as exemplifying a rare form of sequela of scarlatina—the pus being effused external to, and not within the joints, and also as being preceded by symptoms of renal dropsy.

In regard to the treatment, Dr. Routh asked whether the pus should be evacuated or not?

Mr. I. B. Brown exhibited two bandages, applicable in the treatment of Ovarian Dropsy.

The first, intended for the treatment with or without previous tapping, is made to lace up, and thus the amount of pressure can be daily increased. It is fitted with pieces of whalebone, to keep it smooth, and is secured round the thigh by straps. This bandage is equally beneficial as an abdominal support in other cases. The second form of bandage is applicable where pressure is required for a long time after tapping; it is simple in structure, and fastens by straps and buckles, and contains an air-cushion, which being emptied or filled lessens or increases the pressure as it is required, without the necessity of undoing the bandage.

Dr. Murphy exhibited a Fibrous Tumour, and read a history of the case, of which the following is an abstract:—

A woman applied to him, having the pelvis occupied almost entirely by a firm tumour, so that the os uteri was beyond the reach of the finger, and micturition impossible, except by the aid of a catheter. After a few days he was called to her, and then passed a gum elastic catheter to its full length, but obtained no urine, although she was suffering from sensations of retention of urine; she rapidly sank and died.

On opening the abdomen after death, a large tumour was found, which had displaced the intestines, and reached upwards to the umbilicus, and laterally to the iliac fossæ. The mass of the tumour lay on the left side, and had nearly incorporated the uterus, which, however, with the right ovary, was found projecting from its right margin. The bladder was contracted and empty; but the ureters, being compressed by the tumour, were enormously distended and tortuous. The kidneys were enlarged and in an advanced state of Bright's disease. The tumour proved to be fibrous, engaging the whole posterior wall of the uterus, the cervix being stretched for some inches along its anterior surface, and expanded over it. The uterus had been drawn out of the pelvis by the growth of the tumour. A small portion in its centre was softer and more friable than the remaining parts.

The author drew attention to the unusual position of the tumour, occupying the pelvis so completely as to displace the uterus entirely; to the advisability, if practicable, of pushing such a tumour out of the pelvis when small; and to the sensation of retention of urine, produced apparently by the distention of the ureters, the bladder being empty.



February 3, 1849.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Some cod-liver oil was exhibited, drawn from two livers presented to the Society by Mr. Wing. A discussion then took place on the use of this medicine.

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February 10, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Benjamin Travers narrated a case of Hæmatemesis from ulceration of the Gastric Artery.

A widow, of middle age, and almost chlorotic in appearance, was seized with vomiting of blood; she rallied a little, but in the night was again attacked, threw up a large quantity, and shortly afterwards died. On a post mortem examination, the stomach was found to contain much grumous fluid, with a circular breach, like an ulcer, directly over the gastric artery, which was laid open by an orifice admitting the end of a blow-pipe. The peritoneum was healthy. None of her medical attendants had ever suspected the existence of ulceration in the stomach.

The audited abstract of the income and expenditure of the Society, up to the 31st December, 1848, was read.

The nomination of Fellows to fill the vacant offices of Vice-Presidents and Council then took place.

Mr. H. Smith Palmer read a case of Continued Fever, complicated with attacks resembling Ague.

A nobleman, aged seventy-six years, of a remarkably active and healthy character, yet suffering at times from bilious attacks, left town on 29th November last, for the day only, but was prevented returning home in the evening by an attack of illness resembling English cholera, gradually passing into continued fever, of a typhoid type, yet without delirium at any time. The urine became very offensive, and both it and the fæces were passed involuntarily, although not unconsciously. He was supported by wine and brandy, and other nutriments, and treated with hydrargyrum eum creta, &c.

On the night of December 18th, a profuse perspiration broke out, and all his symptoms were relieved; the tongue, instead of being dry and brown, became moist and clean; the pulse was not above the natural standard, and the urine much clearer. During the following night, however, he became as ill as before, so that his medical attendants conceived that he had ague. On December 22nd, he had a violent shivering fit, succeeded by heat, and continued to get worse until the 24th, at which time he was not expected to live many hours; but he rallied again surprisingly,

and on the 27th was very much improved in every respect. On the 28th, however, he had another rigor, and died during the collapse. No post-mortem examination was allowed.

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February 17, 1849.

JOHN WEBSTER, M.D., F.R.S., President, in the Chair.

Mr. I. B. Brown exhibited a Fœtus, born prematurely, from Prolapsus of the Cord, as he supposed.

The mother, aged thirty-eight, had borne nine full grown children, and four prematurely. On most of these occasions she had had retention of the placenta after delivery, from adhesions to the fundus uteri. A fortnight since, Mr. Brown had been called to her, and found her suffering from periodical uterine pains, attended with considerable hæmorrhage: she declared herself to be six months pregnant. On examination he could not pass his finger into the cervix uteri. Opiates were administered, and the horizontal position ordered, under which treatment the pains ceased, but the hæmorrhage, to a slight extent, continued.

That morning he had found her suffering severe uterine pains, the funis presenting externally in a loop, the os uteri dilated, the head presenting, but no part of the placenta within reach; the latter eventually proved to be adherent, as usual, to the fundus uteri. The inner surface of the uterus where the placenta had adhered was nodulated; the parts separated were quite free from blood, the other parts black and congested. The liquor amnii had evidently escaped some long time previously. The child had been dead about four days.

Dr. Ogier Ward related a case of Ulceration of the Cœcum, with enlargement of the mesenteric glands, which formed a tumour in the right iliac fossa of a girl aged nineteen, who had never menstruated. The diseased parts were also exhibited.

The patient was of a sickly family, and had never been strong herself, the only appearance of menstruation being a very slight "show," four months since. She had been anæmic for the last three years, and during the last year had had wandering abdominal pains, supposed to be the access of the menses, but subsiding on fomentations being applied. The pains had been more frequent since the "show," but she was able to do the work of the house till January 13th, when Dr. Ward first saw her. Her bowels had been costive lately, but were then opened by medicine. The face had a slight hectic flush, the skin was hot and dry, the pulse 120, the tongue, hitherto pallid, was of a natural redness and moist; no appetite; no pain anywhere; no disease could be detected in the chest. The abdomen was soft and compressible in every part except the right iliac fossa, where a tumour existed, painful on



pressure, and of the size of an egg, defined upwards and towards the median line, but not downwards or outwards. The symptoms continued much the same till her death, on February 13th, but the fever, which assumed a remittent type, was completely controlled by quinine. Aphthæ formed in the mouth and peeled off in large flakes the day before her death.

The head was not examined; the lungs contained many miliary tubercles in the upper lobes; the stomach was large, and the lower portion of the œsophagus covered with a ragged coat of epithelium, like that on the tongue; the liver was enlarged, extending below the ribs of the right side and far to the left of the epigastrium; the lobuli were all tinged with bile, and appeared slightly fatty. The spleen was about three times the natural size, and the kidneys about twice as large, but apparently healthy. The omentum was adherent to the brim of the pelvis, and dragged down the transverse colon so as to conceal the small intestines. The lower portion of the ilium was ulcerated in spots down to the cœcum, which contained much fluid fœces and was enormously thickened by tubercular deposit under the peritoneum. The mucous membrane was completely destroyed by a large ulcerated surface extending about ten inches up the colon, and then terminating abruptly. The mesenteric glands were much enlarged by tubercular deposits. The uterus was healthy. The ovaries resembled sparrows' eggs in size, shape and colour, being enveloped in a cartilaginous membrane half a line thick. The tumour was formed partly by the cœcum and partly by the enlarged glands. Its want of definition downwards was caused by the diseased mass descending into the pelvis, where it had contracted firm adhesions to the surrounding parts.

Dr. Ward noticed that this case confirmed Louis's observations, that tubercles in the lungs always accompany that deposit in other organs.

Mr. I. B. Brown read a paper on Protracted Labour, induced by the twisting of the cord around the neck of the Fœtus.

He observed that obstetric writers had not mentioned these causes of protracted labour, yet they were not uncommon. He said, that where the cord is twisted round the neck of the child, it exerts so much traction upon the fundus uteri, as to interfere with the regular expulsive efforts,—that this is easily discovered by the peculiar pains, which are of only half their natural duration, and are cut short suddenly; the head receding after each pain, so that the patient says that they have done her no good;—that in these cases the child's head does not make "the turn" gradually, as usual, from the termination of the first stage of labour to the commencement of the second. The repeated expulsive efforts at last separate the placenta from the fundus uteri; the head then suddenly turns into the hollow of the sacrum, and the child is born after one or two pains, thus rendering hæmorrhage probable. The practitioner should, therefore, be in attendance, and grasp the uterus, not leaving off till the placenta is expelled, and the uterus firmly

contracted. An increased length of the cord may obviate any evil from a single coil around the neck of the child, but in most cases it is so much shortened by repeated coils as to produce the impediment alluded to.

The Ballot for the election of officers having closed, the following Fellows were declared elected officers of the Society for the ensuing year:—

*President.*

Francis Hird, Esq.

*Vice Presidents.*

E. W. Murphy, M.D.  
John Snow, M.D.

E. Lankester, M.D., F.R.S.  
J. F. Marson, Esq.

*Treasurer.*

Aug. Sayer, M.D.

*Honorary Secretaries.*

S. W. J. Merriman, M.D.

R. Greenhalgh, Esq.

*Council.*

C. Wing, Esq.  
J. W. Woodfall, M.D.  
I. B. Brown, Esq.  
W. Harding, Esq.  
W. R. Rogers, M.D.

W. D. Chowne, M.D.  
A. B. Garrod, M.D.  
F. R. Manson, M.D.  
W. Harvey, Esq.  
T. H. Tanner, M.D.

February 24, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Canton narrated the following case:—

A gentleman, aged 45, who had resided in a warm climate, had been for several years afflicted with a swelling in the left side of the scrotum, which had attained, by very gradual enlargement, the size of a small melon, producing no inconvenience, however, except from its bulk and weight. During its growth, it had occasionally been struck by the pommel of the saddle, whilst riding a restive horse. The tumour was oval, extending to the external abdominal ring, and the spermatic cord was obscurely to be felt behind; the testicle was nowhere to be distinguished; the surface was uniform, and the scrotum natural and unadherent; freely handling the tumour produced no pain or uneasy sensation; no impulse was to be felt on coughing; the patient could not remember whether the swelling had commenced from above or below; translucency and fluctuation were absent; pressure at the back and towards the lower part elicited no pain. A small



portion of the anterior surface was found, on careful examination, to be more yielding to the touch than the remaining part, and the sensation experienced was that of softness and elasticity.

In consultation with Mr. Haneock, it was agreed that the case was one of old hydrocele, with the tunica vaginalis considerably thickened, and a trochar was consequently passed into the tunica through the forepart of the tumour, as the least resisting part. There flowed, at once, through the canula, a thick, unctuous, brown fluid, which coagulated by heat. The size of the tumour, however, remained the same as before the operation. A few days afterwards, a considerable amount of lighter coloured fluid was drawn off, and at the next visit, Mr. Canton determined to lay open the sac, and endeavour to promote the formation of granulation by filling the cavity with lint. He accordingly made an incision from the upper to the lower part, through the cyst, the walls of which were nearly an inch in thickness. The testicle was now seen within, and situated lower down than in ordinary hydroceles, and appeared to be in every respect healthy. The patient suffered much from nausea, sickness, and constitutional irritation. At the expiration of a few days, these symptoms having abated, and the interior of the sac being found in a sloughy state, it was judged advisable to remove, by the knife, the whole of the disease, a fear being entertained that otherwise, from the indifferent state of the patient's health, the sloughing might extend, and in so doing involve other parts, whilst the low organization of the sac gave little encouragement to the hope of obliteration being effected by granulation—besides that the patient was urgent in his desire to have every unhealthy part removed. Under these circumstances, Mr. Canton carefully dissected the cyst, which was almost as consistent as cartilage, from the fore part of the spermatic cord, and from around the testicle, so as to leave the latter, which was quite healthy, freely suspended by the cord. No part of the scrotum was removed, and the integuments at the close of the operation were so contracted that the testicle could scarcely be returned to its place through the wound; this healed favourably, and the patient has since remained perfectly free from any inconvenience.

PROCEEDINGS  
OF THE  
WESTMINSTER MEDICAL SOCIETY.

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SESSION 1848-9.

No. 3.

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March 3, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Henry Smith exhibited a specimen of Ulceration of the Larynx, which was taken from a child three years old.

The patient had recovered from a severe attack of measles, complicated with pneumonia, but had recently suffered from inflammation of the palate and fauces, accompanied with aphthous deposits, and extending into the larynx. He was treated by nitrate of silver to the fauces, and blisters externally, and improved very much; but on the morning of his death suddenly became considerably worse. When Mr. Smith saw him, the strangling fit was over; and although the child breathed with difficulty, he did not think the case sufficiently urgent to warrant the performance of trachæotomy, but prescribed wine, and blisters to the part. The child died suddenly in the evening. A post-mortem examination showed the rima glottidis to be obstructed by a tenacious mucus, and patches of ulceration over the inner surface of the larynx. The trachæa was healthy.

Mr. Smith observed, that in this case trachæotomy would probably have been successful, and he regretted its non-performance.

Mr. Hancock read a paper on the administration of Iodide of Potassium in some cases of Strumous Corneitis, Hypopion, and Syphilitic Iritis.

The author observed that he had employed this remedy very largely in cases of strumous inflammation of the cornea, attended with opacity from interstitial deposit; in interstitial abscess of the cornea; in iritis, attended with effusion of matter into the anterior chamber; in rheumatic inflammation of the sclerotica and iris assuming the chronic form; and, indeed, in all cases of deep-seated inflammation of the eye occurring in weak and debilitated or



irritable constitutions. He considered this medicine superior to calomel, as exerting its absorbent powers more quickly and with greater certainty, and without, in the majority of cases, producing the ptyalism which is so distressing and injurious to the patient. Calomel does not appear to act upon ophthalmic diseases until the patient's system is completely under its influence, and this will not usually be effected under eight-and-forty hours, whilst sometimes, indeed frequently, it requires a longer time, on account of the purging it causes, or from certain idiosyncrasies of the patient's constitution, &c. Even when the peculiar action of calomel is produced, it will frequently disappoint our expectations, and aggravate instead of diminish the local affection, from its irritant action upon the constitution. Mr. Hancock was induced to employ the iodide of potassium freely, from observing the result of its administration in some cases of deep-seated inflammation of the eye with hypopion, occurring in persons of weakly constitution, and more particularly in cases of interstitial abscess, which are, for the most part, to be met with in scrofulous patients, or where, from bad living, excessive drinking, and hardships, the powers of reparation are destroyed, and excessive irritability of the system exists. With regard to syphilitic iritis, the author remarked, that he seldom found it necessary to push mercury to any great extent, and usually gave two grains of it every night at bedtime, combined with opium; and at the same time the iodide of potassium mixture twice a day. The form of the latter medicine employed is that recommended by Lugol.

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March 10, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

The President laid upon the table some elastic bandages made by M. Bourgeaurd.

The principal advantage of these bandages, which were applicable in the treatment of varicose veins, and of umbilical hernia, consists in the spiral arrangement of the elastic web.

Mr. Gilbert attended the Society, and exhibited the chair invented by him for facilitating the performance of operations upon the teeth.

Mr. Canton related the following case of Chronic Rheumatic Arthritis of the Shoulder and Hip joints. The preparations of these articulations were exhibited.

James Harrison, aged seventy-nine, a tall, emaciated, and feeble man, stated, that in the year 1805 he "got thoroughly wet through," and the next morning suffered from rheumatism of the right shoulder, but in no other part. This was the first attack of the complaint he had experienced, and for it he was attended by Dr. Hope, of Edinburgh, whose treatment relieved him of the

affection in a short space of time. From this period to the winter of 1847 the joint had been free from any uneasiness, except in damp or frosty weather, when a "sensation of gnawing" was complained of in the part, and continued to trouble him whilst the inclement weather lasted. This inconvenience, however, was not of a nature to prevent him following his usual work—that of a gentleman's servant. In unfavourable weather the pain was always aggravated at night, or, as he says, "when warm in bed." In the winter of 1826, whilst employed in dislodging snow from a house-top, he caught a violent cold, through getting his feet wet, and from that time the left hip was affected with rheumatic pains, which, like those of the shoulder, were found to be invariably increased in frosty or damp weather, and when in bed. The pain was always especially felt "the first thing in the morning," whilst a sensation of cracking and grating in the joint was frequently complained of; at the same time the sound emitted, particularly when rising from a sitting posture, was audible to, and remarked upon by, the by-standers. Nine or ten years ago he became, for this complaint, a patient in the Middlesex Hospital, under the care of Mr. Arnott. Various applications were employed without relief; and at the expiration of a month, the nature of the disease and its intractable character having been explained to him, he quitted the hospital. At this time he walked lame, and was informed, after admeasurement of the limbs had been made, that the left leg was shorter than the right. When seen by Mr. Canton, no great difference was noticed, inasmuch as the opposite hip had become similarly affected. No distinct attack of rheumatism occurred to the shoulder since that above mentioned, but it continued the seat of the same symptoms as those previously described during the last twelve months. On applying the hand over the joint, and then rotating and circumducting the humerus, a very well-marked "articular crepitus" was heard, and the peculiar sensation characteristic of it, also, was communicated to the touch. The crepitus was most readily felt when, in circumduction, the arm passed forwards from the side of the chest; the movement producing, at the same time, an indescribable uneasiness in the articulation; pressure on the deltoid muscle, so as closely to approximate the joint-surfaces of the humerus and scapula, gave no pain, nor was any inconvenience experienced when the head of the humerus was directed against the under part of the acromion process. The arm could with difficulty be elevated or directed forwards or backwards. The deltoid of either side, in common with the muscles generally, was much wasted; little if any difference was to be noticed, however, between the two sides. Measurement did not show the right humerus to be nearer the acromion process than it was on the left side. An incessant dull pain, aggravated by motion, was complained of in the joint, and extending thence down the front of and along the inner side of the arm to the elbow. The acromioclavicular articulation presented a partial dislocation of the clavicle, which was elevated, and appeared to be fixed near to the upper



edge of the articular surface of the acromion process. This joint on the opposite side was in all respects normal.

On the post-mortem examination the joints presented the following appearances:—1st. The shoulder: the glenoid cavity was more shallow than is natural, in consequence of an expansion of its outer part depending upon the deposit of new bone in the glenoid ligament, whereby the surface for articulation with the humerus was rendered additionally broad. The long tendon of the biceps, as it passed through the joint, was considerably flattened, expanded, and divided into four or five slips, placed side by side. This condition of the tendon had permitted the head of the humerus to shift upwards, and, thereby, to articulate with the under part of the acromion process, in which situation was seen a broad surface, against which the former played. The capsular ligament, however, was intact. The great tubercle of the humerus was flattened, and three of the capsular tendons at their insertion were, in part, absorbed. In the opposite shoulder similar changes were in progress, but they had not proceeded to so great an extent as in the fellow joint. 2nd. The hip-joint: this showed the ravages of chronic rheumatic arthritis to have progressed to a great degree. The acetabulum was much deepened, from bony deposit in the cotyloid ligament; the encrusting cartilage was wholly removed, and at the upper and outer part of the cavity, porcellaneous material was present in a continuous sheet, and having a high polish. The ligamentum teres was absent. Bony plates were lodged in the capsular ligament. The head of the femur was mis-shapen, its form being accommodated to that of the acetabulum. The cartilage was wanting, and ivory-like deposit was present, corresponding in extent and situation to that in the cotyloid cavity. The cervix femoris was short, horizontal, and, at the anterior part, encroached upon by new bone, which sprang from the circumference of the head, and adhered to it in this situation. The cortex was thin, and the medulla abnormally soft and red. The fibrous structures, generally, of the articulation, were unduly vascular.

Mr. Canton made some observations on the parallel changes in these analogous joints, and showed another specimen of the disease in the shoulder-joint, to prove that an extension of this morbid action rendered the similarity of the changes in the two articulations still more striking. Preparations (recent and dried) were exhibited of the effects produced by the complaint in the knee-joint. The outer condyle, in all of them, was expanded, coated with enamel-like matter, and alternately grooved and ridged in a vertical direction. The corresponding surface of the patella was in the same condition, so that interlocking was effected, and ginglymoid movement preserved. In one instance the patient was knock-knee'd, from absorption of the external semilunar cartilage; and in this case upwards of twenty loose cartilages were found in the joint, some of them free in its cavity or loosely connected to the tissues around. An illustration was shown of the disease in ques-



tion in a dried hand, which demonstrated the advance of morbid action to a great extent, especially in the first joint of the thumb, so that, before dissection, the part presented the appearance of a dislocation of the metacarpal bone upwards on to the trapezium. The other specimens exhibited were of the elbow, acromio-clavicular joints and spine, in all of which the same order of changes might be remarked as those more particularly described in the hip and shoulder.

Resolved unanimously, that "The warmest thanks of the Society be given to Dr. Webster, for the zeal, ability, and uniformly courteous conduct evinced by him during the period of his presidency."

Dr. Rogers read a paper on a case of Anæsthesia and Paralysis of the right side of the face occurring in a light porter, aged twenty-seven, who, in the discharge of his duties during heavy rain, got a severe wetting, which gave rise to giddiness, deep-seated and shooting pain in the right temple, with deafness and buzzing in the corresponding ear, and considerable tenderness of the parts in front of it; these symptoms were accompanied by a gradually increasing anæsthesia of the right side of the face, right nostril and orbit, and the right half of the palate; the extent of the affection accurately corresponding to the limits of the anatomical distribution of the ophthalmic, superior maxillary, and temporo-auricular branch of the inferior maxillary nerves. Under treatment, this symptom began considerably to abate, and the patient, feeling himself much improved, ventured to go out of doors for the benefit of the air, but on his return, violent and deep-seated pain was felt in the temple, the conjunctiva of the right eye was found in an active state of inflammation, but quite devoid of sensation. Loss of motion in the muscles of the face was now added to the renewed anæsthesia, both bounded by the before-mentioned limits. These symptoms were also attended by high febrile excitement; however, under treatment, (leeches, blisters, fomentations, &c.,) all the symptoms were much alleviated; but the inflammation of the eye still continued, and the deep tissues became involved, the iris being severely affected. Mercury, which had been employed for some time previously, was now administered more freely, but no salivation followed, although the mercurial fœtor was strong. Mr. Quain had visited the patient, and advised a continuance of the treatment adopted, especially the mercury. Under its use, after the lapse of a little time, sensation and motion began to return in the face, but the inflammation of the eye continued; and three distinct spots of puriform deposit made their appearance between the layers of the cornea, and gradually coalescing, engaged about two-thirds of it, so as completely to interfere with vision. The mercury was immediately discontinued, and in its place opium, quinine, iodide of potassium, with a bitter, were substituted. About this time the patient began to feel a dull pain in the brow, and could slightly elevate the upper lid, which had been hitherto immovable,

though not from paralysis of the third pair of nerves; the eye could also feel a hot sensation from a solution of watery extract of opium dropped upon it. After three weeks' perseverance, the puriform deposit, which was never surgically interfered with, discharged itself externally, the iris became more natural, the pupil less angular, and the cornea less hazy; these beneficial changes being obviously connected with the return of sensation to the face, as in many instances noticed by Bellengeri, Magendi, Bell, and others. The patient from this time gradually recovered, and soon got well, a slight haziness of the cornea and an angularity of the pupil only remaining.

With regard to the pathological conditions, eentrie or excentrie, giving rise to the anæsthesia which affected all the branches of the first and second divisions, and the temporo-auricular branch of the third division of the fifth nerve, and those giving rise to the paralysis of the muscles supplied by the superior division of the seventh nerve accompanying the relapse of the anæsthesia with inflammation of the eye, the author considered that the morbid action was excentrie rather than centric; although aware that an inflammatory action may be set up in one part or division of a nerve as it emerges from the brain, and give rise to paralysis or anæsthesia, as the case may be, in the parts to which it is distributed. Yet, as the inflammation in the case related was diffusive in its character, he did not think it probable that the fibres which ultimately emerge in front of the ear, as the temporo-auricular nerve, should be so curiously singled out from the other nerve fasciculi, composing the lower division of the inferior maxillary nerve, by an inflammation having a central situation, and engaging the origin of the fifth pair. And he considered it unreasonable to suppose that the common trunk of the seventh nerve should be affected centrally, and only give rise to paralysis of those muscles to which its upper division is supplied. He thought besides, that the acute pain felt on pressing the parts in front of the cartilages of the ear, where a slight induration remained still perceptible to the touch, would further support the conjecture of an excentric origin to the symptoms; for the temporo-auricular nerve in passing to the surface is enveloped by a portion of the parotid gland in the back part of the glenoid cavity, and some lymphatic glands lie in the immediate vicinity of the upper division of the facial nerve, so that it would be easy to imagine that inflammation of those parts would involve the nerves just mentioned, which are likewise connected with each other by distinct nervous twigs; and that an extension of the morbid action, inwards and upwards, by the cellular tissue in the zygomatic and pterygo-maxillary fossæ might engage, first, the superior maxillary nerve and Meckel's ganglion; and next, the ophthalmic nerve, which, although it passes directly from the cranium to the orbit, nevertheless is uncovered by bone where it lies in the pterygo-maxillary fossa. The external pterygoid muscle forming a septum or barrier between the inferior maxillary nerve and the other divisions of the fifth, and thus preventing the inward progress of the inflammation in that



direction, would fully account for the immunity of the inferior maxillary nerve, admitting that its temporo-auricular branch was superficially engaged in the inflammation.

The author stated, that in similar cases to the preceding it becomes of some moment, with regard to prognosis, to be able to diagnose its centric or excentric origin; whether it can be traced to a simple cold producing inflammation, as in the present case; or whether it arises from a tumour or other cause pressing upon the origin of the nerve, or from disorganization in some part of its course either within or without the cranium; the former class being, usually, easily cured, the latter almost hopeless as to treatment.

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March 14, 1847.

JOHN SNOW, M.D., Vice-President, in the Chair.

Mr. Walton exhibited a Fibrous Tumour from the Patella, and a cast of the knee, and gave the following history of the case.

The patient, a female, aged thirty-nine, applied to him with a tumour situated over the left patella. It was moveable, being easily pressed from side to side. The integuments, although much thickened, were not adherent to it. His impression was, that it was a solid growth, both on account of its density or firmness, and from the history of the case—viz., that five years ago it commenced as a very small, hard substance, which slipped from side to side whenever it was pressed on. It never inflamed, and had increased gradually; and within the last few months any pressure occasioned pain. Mr. Walton never suspected that it was an enlarged and hardened bursa, but imagined it might be a sarcomatous growth. He operated on the 12th instant, and removed the tumour exhibited. While dissecting at its base, he opened a cavity, which proved to be a large, healthy bursa, between the tumour and the patella, and extending much beyond the limits of that bone. The wound had united by the first intention. The tumour on being divided displayed a fibrous character.

Mr. Henry Smith exhibited a specimen of Disease of the Larynx.

He had removed the parts after death from the body of a gentleman, aged forty, who had suffered for more than six months from symptoms chiefly referable to the windpipe. The irritation was so great, and the general condition of the patient rendered so dangerous, that Mr. Smith was consulted, for the purpose of considering the propriety of performing an operation. The operation proposed was, to make an opening into the trachæa, and afterwards to apply a solution of nitrate of silver to the larynx by means of a piece of sponge. The symptoms presented, however, by the patient, induced Mr. Smith to suppose that tuberculous disease of the lungs



was present, and he therefore declined the surgical interference. The patient gradually became worse, and died some months afterwards from exhaustion. On examining the body, the whole of the inner surface of the larynx and epiglottis was found to be in a state of chronic ulceration; and on the right side there was great thickening of the superior vocal chord, so that it projected into the cavity of the larynx, and nearly blocked up the aperture of the glottis. This accounted for the complete loss of voice the patient suffered under for several months. The upper and posterior portion of each lung were beset with tubercles in their first stage.

Mr. Harvey exhibited a preparation taken from a patient who sank from the effects of perinæal Abscess. The morbid appearances observed were, the thickened condition of the mucous membrane about the bulbous and membranous portion of the canal, and the elastic tissue about the prostate gland spoken of by Tyrrell. The muscular coat of the bladder was very much hypertrophied. The patient had long suffered from stricture, which doubtless caused the abscess of which he died.

Mr. Harvey was desirous of eliciting from the Society the treatment of abscess in this region of the body, and the propriety of introducing the catheter while the abscess was discharging.

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March 24, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Dr. Routh mentioned the cases of two children who had died from Pertussis; convulsions—viz., opisthotonos, but no lock-jaw, having affected one of them. In the first, the lung was found, on post-mortem examination, to be ruptured, and air effused under the pleura; the spinal cord was much hardened, and as much as an ounce of fluid escaped from it. In the second case, miliary tubercles were found, with the same appearances of air escaped from the lungs.

Dr. Routh asked the Society whether large bleedings should be practised in such cases, or what other treatment is appropriate.

Mr. Benjamin Travers read a case of prolonged retention of Urine, caused by permanent stricture, in a young man, to whom he was summoned for the purpose of giving the bladder some immediate relief. No water had passed otherwise than by drops for days previously, and the patient was dying rapidly from the local distress and bodily exhaustion. Mr. Travers operated in the following manner. The patient's chest having been raised with pillows, and the skin being incised in the median line, immediately above the pubic symphysis, a straight dropsy trocar and canula was next pushed into and through the anterior wall of the bladder. The

relief was very decisive, but so sudden, as nearly to produce a fatal collapse. The patient was, however, presently restored by the administration of stimuli. The canula was tied into the bladder and stoppered, but after some days it was removed, as it no longer hindered the escape of urine by its side, when the bladder became full. In about a month the wound had become fistulous, a small quantity of urine passing through it, the remainder flowing by the urethra. The patient's health being much restored, and the stricture not much enlarged by the use of bougies, Mr. Green, one of the surgeons of the hospital, cut down upon the stricture *in perineo*, and so introduced a catheter into the bladder. After this operation the patient gradually recovered.

The author remarked, that the first operation rescued the patient from immediate death, at a time when loss of blood must have proved fatal; and he quoted an instance wherein the patient died under such circumstances, before the bladder could be relieved by incising the perinæum. Puncture of the bladder has had many able advocates from the days of Portean and Thiraud (1760) to the present time. Home, Abernethy, and Hey of Leeds, were mentioned as having practised it repeatedly, and with great success.

The operation affords an interval of repose to the irritated urethra by diverting the passage of the urine for a time, during which that canal has been found so far capable of spontaneous restoration that the patient has subsequently recovered without any interference on the part of the surgeon, beyond the occasional use of a bougie. The circumstances of each case must determine the site of the operation; but when it is admissible, and the relief desired only temporary, puncture per anum is usually preferred. The author referred to a case of puncture per anum recorded in the "Philosophical Transactions" for the year 1776, which shows that the canula may be withdrawn, with perfect impunity, immediately after the evacuation of the bladder, and without risk of dangerous extravasation. In the instance quoted the patient perfectly recovered.

The author did not insist upon the universal adoption of puncture in preference to the incision *in perineo*, but recommended it in cases of extreme urgency, and where there is great exhaustion of vital power, and concluded by protesting against the very unscientific and hazardous practice of forcing an instrument through the substance of an enlarged prostate when that constitutes an insurmountable barrier to the onward progress of a catheter.

He also read a letter from Mr. Cock, approving of the operation of puncturing the bladder per anum; he leaves the catheter in for a time; and, if irritation supervene, he passes a gum-elastic catheter through the canula, which is then withdrawn, whilst the catheter is retained in its place.

March 31, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Abram exhibited a Stomach perforated by an Ulcer.

He had been called in the night to a maid-servant, aged twenty-two, of short and stout stature, and not chlorotic, who had for some time been subject to dyspepsia, the attacks having lately been more frequent and severe than formerly. She was always more or less constipated; the appetite generally good. The previous evening she had taken two laxative pills, and eaten heartily of dry haddock for supper. Two hours after she was in bed she was suddenly seized with vomiting, accompanied with acute peritonitis. Mr. Abram not being acquainted with her previous state of health, bled her to twelve ounces, and prescribed calomel and opium every two hours, hot fomentations, castor oil, and enemata, from which no evacuation was procured though the pain was somewhat relieved. At 8 A.M. the pain had returned; the pulse was 120, the tongue moist, the abdomen tympanitic; no hiccup, sickness, or nausea present. Venesection was again attempted, but unsuccessfully; twelve leeches were therefore applied. She died at six P.M.

The body was examined one hour after death. The abdomen was distended with fluid, on which floated the castor oil; the peritoneum was extensively inflamed, and there were firm adhesions gluing the stomach to the liver and adjacent viscera. No further examination was allowed. The perforation in the stomach was small and perfectly circular, as if punched out.

Dr. Snow read a paper on the fatal cases of Inhalation of Chloroform.

He considered that no deaths had resulted from the use of ether, unless, perhaps, one that occurred in France, and in that case the accident was probably due in a great measure to defective admission of air. Chloroform is much more powerful than ether, and this has been the chief cause of the accidents which have happened. The author detailed some calculations of the quantity of chloroform contained in the blood in the different stages of insensibility, and of the quantity that would cause death, and also of the quantity of vapour that might be present in the lungs at one time, the result of which calculations tended to show, that unless care were taken to dilute the vapour of chloroform largely with air, there might be so much of it in the lungs when the inhalation was left off, as would cause death by being absorbed, and added to that already contained in the blood. A handkerchief does not afford the means of regulating the proportion of vapour in the air breathed by the patient, and nearly all the fatal cases that have occurred must be attributed to this employment of the handkerchief in administering so powerful an agent as chloroform. When animals



are allowed to continue breathing air, containing vapour of chloroform, after they are completely insensible, they shortly cease to breathe, but if there is not more than about five per cent. of vapour in the air they were breathing, the heart continues to pulsate for some time, and the circulation ceases only on account of the absence of respiration; but if about ten per cent. or upwards of vapour of chloroform is present, the respiration and circulation cease about the same time, in consequence of the quantity of vapour present in the lungs at the time the respiration ceased, being sufficient, when absorbed and added to that already in the blood, to paralyze the action of the heart. Under these circumstances artificial respiration can be of no avail; and there is reason to believe that these are the circumstances under which chloroform has been fatal to the human subject.

The author then detailed the particulars of the fatal cases, which he considered to be seven in number. He was of opinion that these accidents might in every case be avoided by proceeding carefully, and by employing an inhaler which admits of the regulation of the quantity of air to dilute the vapour.

At the conclusion of the paper Dr. Snow performed two experiments, to show the difference of the action of chloroform according to the quantity of air with which the vapour is diluted. In the first experiment twelve grains of chloroform were diffused through the air in a glass jar holding 100 cubic inches, and a linnet was put in, which in half a minute was dead. In the other experiment the same quantity of chloroform was mixed with the air in a jar holding 600 cubic inches, and another linnet was introduced: it became gradually insensible, and was taken out at the end of about three minutes, and recovered in two or three minutes after its removal.

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April 7, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Canton placed on the table a Hydrocephalic Fœtus, born at the ninth month, after thirty-one hours of labour, the breech presenting. It was the first child. From the appearance of the eyes, nose, and mouth, it was supposed that there had been an arrest of development at the third month, although there had been no arrest of growth. The case was attended by Mr. Savery, of Hastings.

Dr. Webster read a paper, entitled, "Observations on the Health of the Metropolis during last winter, compared with similar months of the previous year."

Having adverted to the recent sanitary movement, which must in time produce beneficial consequences, Dr. Webster observed,

that, so far from the fears entertained by timid persons, and even by public functionaries, that the public health would materially suffer by the re-appearance of epidemic cholera, the aggregate number of deaths from all causes had considerably diminished throughout London during the last six months, in comparison with the same period of the previous year, particularly in regard to diseases of the respiratory organs, usually so prevalent and fatal in this country during winter and cold weather. In proof of this opinion, notwithstanding the extraordinary severity of scarlatina, and the presence of cholera, the gross mortality from all diseases met with in London, during the last six months ending the 31st of March, was 30,263; whereas, during the parallel six months of the previous winter, the total amount rose to 36,060 deaths, being an excess of 5797 fatal cases of disease, or 18.82 per cent. in favour of the current season. In regard to this important point, the author observed, that the greatest difference occurred in diseases of the organs of respiration, by which, including influenza, in the winter of 1847 and 1848 the deaths were 11,197; whilst during the same six months, ending the 21st of March of the current year, only 5127 persons died from similar causes, being less than half the former amount, or an excess of 118.39 per cent. more deaths under this head in the previous than in the winter just terminated. The author then alluded to some of the pectoral diseases, and stated, amongst other interesting facts, that 1965 persons had died from pneumonia this season, instead of 3159 the previous, thus giving an excess of 60.76 per cent. By bronchitis, 2047 died the last six months, whilst the number was 2984 in the former period, being 45.77 per cent. more than recently. Again: 3040 died from consumption this season, against 3740 in the winter of 1847 and 1848, being nearly one quarter of the deaths greater from the same disease than in the present year. By influenza only 78 deaths occurred, in place of the unusually great mortality of 1739, registered during the former season. By measles, 391 persons died, instead of 1316, which thus caused two and a half times more deaths in the previous winter, than the one just terminated. Scarlatina formed, however, a very marked exception, in respect of its great virulence and mortality, having proved far more fatal last winter than for many years. It was, in fact, the chief epidemic of the season; 2546 individuals, principally under fifteen years of age, having died from that virulent disease during the six months ending the 31st of March last, instead of 1362 during the parallel period of the previous year, although the mortality from the same cause was also then greater than ordinary. By typhus the deaths were fortunately less this year than last, 1585 having died from that disease during the present winter, in place of 2201 the previous, thus making an excess of 38.86 per hundred more in the last than in the present season.

The above fact respecting the great diminution in the mortality of typhus, the author considered both important and instructive,



whilst he thought the greater or less prevalence of that form of continued fever amongst the population of a country might be viewed as a very fair indicator of their physical condition; or, as Dr. Webster stated, in other words, that typhus constitutes, as it were, a good *noso-meter* of the high or low health at the time prevalent amongst a community.

The author subsequently alluded to bowel complaints, respecting which class of maladies he remarked, contrary, perhaps, to expectation, that notwithstanding the existence of cholera, and the prevalent tendency to affections of the bowels, diarrhœa and dysentery had actually proved less fatal during the last six months than in the same period of the previous year. In proof of this opinion he stated, that in the six months ending the 31st of March, 1849, the deaths in London, by diarrhœa, were 554, instead of 644 in the same months of the year before; whilst by dysentery, 135 then died, in place of 116 recently. This contrast is curious, seeing that cholera has prevailed more extensively than usual in the metropolis, 984 persons having died in London by that epidemic during the last six months, whereas only twenty-one deaths from the same cause are recorded in the previous winter. The author then observed, that great as the above amount of deaths by cholera may appear, it is not by any means so considerable as the mortality met with in the spring of 1832, when this malady also prevailed in London epidemically. For instance, in the month of March and the first week of April of the year above mentioned, as many persons died from cholera in the metropolis, during these five weeks, as throughout the entire six months ending the 31st of March, 1849, according to the official report of the Registrar General. Having now almost ceased to exist as an epidemic in London, since only four deaths have been recorded by cholera during the week terminating last Saturday, the 31st of March, Dr. Webster believed little apprehension need be now entertained; although likely, as in the year 1832, the disease may again become common next summer, or in the autumn, when cholera usually prevails in this country, but, for the most part, the disease then prevalent is generally of a mild and less fatal description than the type it exhibited last winter, or previously.

From the various data detailed to the Society, notwithstanding the recent prevalence of cholera, and the unusually great mortality by scarlatina, the author considered London had not become by any means unhealthy, nor had last winter proved insalubrious, if compared with previous seasons, especially with those of 1847 and 1848, when almost every class of disease was both more prevalent and fatal than at any former period, even, he thought, since the time that the plague was epidemic in the metropolis.

Dr. Webster subsequently discussed the diathesis generally exhibited by the diseases he had now cursorily passed under review. Speaking generally, from his own observation, as likewise from the information of other physicians, the author believed that



almost every complaint recently met with assumed an asthenic character—if not on the first supervention of disease, at least soon afterwards; and even in those instances of acute complaints which are in appearance, or even really, inflammatory, they very often soon exhibited symptoms of great debility and exhaustion—similar, in fact, to the peculiar type noticed when the influenza was so prevalent last year in the metropolis, and in many parts of England. Searlatina, measles, and diseases of the respiratory organs, come all within this category, and required, according to the author's experience, very different modes of management to the measures formerly found beneficial by most medical practitioners.

This marked tendency of nearly every form of disease, not only during the last, but even previous seasons, to assume an anti-inflammatory character, merits special notice on the present occasion, as the treatment best adapted under such circumstances is thereby materially influenced.

Respecting cholera and typhus the author said that there could merely be two opinions on the subject, as both diseases almost invariably exhibited asthenic symptoms of the most marked description. The same feature was also observed in searlatina, and deserves even more notice from the fact that during former epidemics of this malady, much arterial excitement and decided inflammatory symptoms were then of common occurrence. Recently, however, the case has been quite otherwise; and frequently this fatal eruptive complaint assumed an asthenic type, even from the very commencement. Great debility and depression likewise characterized diseases affecting the organs of respiration, and judging from the cases which came under the author's observation, he stated, that, unlike examples of the same kind of maladies formerly observed, which were then really inflammatory, recently the great majority of diseases assumed quite an opposite character, and often required very different modes of management.

Dr. Webster then adverted generally to the remedies employed, and the various methods of cure recently adopted, which, he said, were generally tonic and stimulating. Exceptions might occur to this rule, but they were rare, even in those diseases of the chest which formerly required antiphlogistic treatment. The abstraction of blood appeared seldom, if ever, necessary, it being now as uncommon to bleed any patient as formerly it was the reverse. Indeed, the lancet, like the sword of the soldier in the time of peace, might be considered as laid up in ordinary. The author subsequently discussed the treatment pursued in the several diseases alluded to in his paper, which it is unnecessary now to particularize at any length, as the plans adopted seemed generally based upon the symptoms manifested, and the principles now enunciated. It may, however, be interesting to mention, that mercury in small and alterative doses, conium, or even opium with ipecacuanha or antimonials, diuretics, and mild aperients, when required, constituted the chief internal remedies in the early stages, which were, in many

instances, followed by ammonia, quinine, and even occasionally wine and brandy. Mustard poultices and blisters to the chest proved also often beneficial, whilst the strength of the patient was supported by light nutritious food, such as warm beef-tea, mutton-broth with arrowroot, and the like articles of diet, at the same time that warmth was applied to the extremities.

In concluding the communication read to the Society, Dr. Webster observed, that although scarlatina was really one of the most prominent and serious epidemics prevalent during the last six months, whereby nearly three times as many persons were carried off as by cholera, still the latter malady occupied by far the most public attention. With respect, however, to the management of scarlatina, the author said it differed essentially from the method other practitioners, like himself, had formerly found it expedient to employ in that malady. In previous epidemics of this eruptive disease, it was frequently necessary to resort to antiphlogistic measures, low diet, active purging, and even to bloodletting, either from the arm, or by leeches. During the recent epidemic in London, however, so far from depletion being required, or admissible, it was often found advisable to commence supporting the system very early in the complaint; to give tonics, ammonia, wine, and sometimes even brandy, where the symptoms, apparently, but not actually, seemed inflammatory; debility, depression, and a great want of tone in the system, being generally characteristic of the malady, whilst the remedies best adapted under such circumstances were of the above description. Fortunately, this severe complaint has recently considerably abated in virulence; and although still above the average of previous seasons, the consequent mortality is by no means now so great as it was about the latter part of the last and the early portion of the current year. However, at whatever period the present epidemic scarlatina may terminate, medical practitioners will not fail to remember its great prevalence, rapid progress, marked symptoms of debility, and its unusually fatal character; as, likewise, the tonic stimulating plan of treatment, which the disease almost invariably required.

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April 14, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Dr. Cormack exhibited a left Kidney, taken from the body of a male child, aged seven years and ten months, who had laboured under Scarlatinous Anarsarca, and whose death occurred on the fiftieth day from the attack of Scarlet Fever.

The urine had been intensely albuminous, and was, on one occasion, suppressed for seventy hours. Some days before death, pus was found in the urine. The left kidney contained a well-defined



circumscribed cavity at the lower part, which would admit of a large hazel-nut; there was also a smaller cavity of the size of a small pea, communicating with the other. Both cavities were chiefly filled by dirtyish white matter, somewhat resembling cerebral matter in a state of softening. Along with this, in the passage between the cavities, and in the pelvis of the kidney, there was fluid pus. The dirtyish white matter examined under the microscope was found to contain much epithelial debris. The whole kidney was much diseased. The cortical substance was pale, anæmic, shrunken, and horny, and the pyramids (as contrasted with the surrounding tissues) looked red and turgid. This case is given at length in the "London Journal of Medicine," May, 1849.

Dr. A. P. Stewart exhibited a greatly enlarged and flabby heart, with an unusually extensive deposit of false membrane under the endocardium of the left ventricle. There were also several dense and cartilage-like, but not bulky vegetations, on and near the free border of the mitral valve, which, however, completely closed the auriculo-ventricular opening. The deposit, which was opaque, and more than a line in thickness, covered the one-half of the interior of the ventricle, being about three inches in length, and two and a half in breadth. Two or three similar patches of small size were seen on the outer surface of the heart. The patient had never had rheumatism, and though above seventy years of age, had enjoyed remarkably good health till the middle of last November. From that time she was subject to bronchitis, with distressing cough and dyspnoea, amounting, during the last six weeks of her life, to orthopnoea. Colour peculiarly sallow, and expression habitually anxious.

From the indistinctness of the sound of the heart, especially the second, from the absence of impulse, and from the existence of very marked and circumscribed dullness over a conical space rather larger than a man's hand, extending upwards from the xiphoid cartilage, and rather more to the left than to the right of the sternum, Dr. Stewart was led at first to suspect hydropericardium. All around this dull region, and over the whole back of the chest, respiration was heard mingled with sibillant and sonorous rhonchi. During the last fortnight of life, when the oppression was greatest, no examination was made, owing to the repugnance manifested by the patient. She died suddenly while being shifted in bed.

The whole amount of fluid in the pericardium did not exceed two ounces. The quantity of clear serum in the pleural sac was so large, as to have greatly encroached on the right lung, and to have compressed the left into a flesh-like mass, completely exhausted of air, and not larger than the middle lobe of the opposite lung. Dropsical effusion went and came, during life, in the hands, and loose areolar tissue around the eyes, and existed, to a large extent, in the abdomen and lower extremities. The urine coagulated freely on the application of heat. The substance of the kidneys was remarkable only



for its healthy appearance. The supra-renal capsules, however, were much diseased.

Mr. O'Connor exhibited a specimen of perforation of the stomach. It had been removed from the body of a girl who was seized with great pain in the abdomen, and with vomiting twenty-five hours before death. She had enjoyed good health, but four months previously had suffered from pyrosis. Two ulcers were detected near the pyloric orifice of the stomach.

Dr. Garrod read a paper on the Pathological Condition of the Blood in Cholera. The author divided his communication into two parts—in the first he spoke of the investigations which had been made previously to the present year, and gave the results arrived at by Dr. O'Shaughnessy, Dr. Thomson, of Glasgow, and Dr. Clanny, in this country, and by MM. Rose and Wittstock, Lecanu, and others, on the Continent. In the second part, he detailed the post-mortem appearances, together with the examinations of the blood and evacuations in those cases which had fallen under his notice during the present epidemic. These, he observed, had been limited in number, and the analyses attended with many difficulties, from the fact that the blood taken after death had frequently to be used for the purpose. After stating the various analyses, he gave the following epitome of the different results.

*Physical condition of cholera blood.*—The blood was always found more tenacious than in health, of a darker colour, and with less disposition to coagulate; its specific gravity also greatly increased—viz., 1,068, 1,074, 1,076, 1,076, (the specific gravity in health being about 1,062,) and 1,081 in adults; in children, also, it was very high.

*Water and solids.*—The water was always found much less in quantity than in health, and the solid portion increased in like proportion.

*Blood-globules.*—These were found to be increased in amount.

*Fibrin.*—In many cases, this principle was not able to be determined, from its having lost the power of coagulation: when it was separated by whipping, it was found not to be diminished in amount, although deficient in tenacity.

*Constituents of the serum.*—When this fluid could be separated from the cruor, it was found to have a specific gravity much greater than in health. In two instances it had a specific gravity of 1,038 and 1,041, (healthy serum averaging 1,028.)

*Albumen.*—This principle was always in large excess, and to this was due, in a great measure, the increased weight of the serum.

*Salts of the serum and blood.*—With regard to the amount of the saline portion of the blood in cholera, the results arrived at by Dr. Garrod differed considerably from those obtained by Dr. O'Shaughnessy; and in place of finding a deficiency, they appeared, in many cases, to exist in increased quantities. In several cases, the numbers representing the amount in 1000 parts of blood, were as follow:—

10.7, 7.54, 7.50, 6.15, 6.02, and 5.72 parts, the mean proportion in healthy blood being about 6.0 parts. In like manner the soluble salts of the serum were found to be increased. Dr. Garrod noticed, that in the blood of two children who had died of cholera, the salts were in very large amount. Both the serum and blood were at times found neutral, or even acid in reaction. The neutral condition before noticed by Dr. O'Shaughnessy was ascribed by him to a loss of the soluble salts, especially the carbonate of soda; that such, however, was not the true explanation, was demonstrated by the fact of Dr. Garrod having found that the ash of an acid blood gave an alkaline reaction as strongly marked as that obtained from healthy blood, and that the amount of the soluble salts was not diminished.

*Urea.*—This substance was often found in the blood in cholera, and in many cases it might have existed in quantities larger than in health, and yet escaped detection. In general, it was found to exist in increased quantities, and the amount of this increase depended much on the state of the patient at the time the blood was obtained, or on the stage of the disease in which the individual died; thus, in the stage of collapse it was found in but small amount; when partial reaction had taken place, and had continued for a time, then it was increased; and in the consecutive febrile stage its excess became very great. Dr. Garrod explained this by supposing that in the intense collapsed stage, the formation of urea became suspended, as well as its excretion by the kidneys, thus accounting for its amount being then but little augmented; but when reaction, febrile or otherwise, took place, then the formation of this principle ensued, and often the excretory power of the kidneys was not regained; and hence its accumulation in the blood.

From the results obtained recently, together with those arrived at in the former epidemic, Dr. Garrod drew the following conclusions—viz.,

1st. That in cholera the physical characters of the blood are altered, and that its tendency is to become thicker, tar-like, and less coagulable.

2ndly. That the proportion of water is much diminished.

3rdly. That the specific gravity of the serum is very high, due to the increase of the solid portion of the serum, and especially to the albumen; that this fluid also tends to become less alkaline in its reaction.

4thly. That in cholera the saline constituents of the blood are not only not decreased in amount, but sometimes exist even in increased proportions, and that the diminution of the alkaline reaction is not due to the loss of salts, but to the diminished excretion of acid matters which are constantly being formed in the system.

5thly. That urea usually exists in increased quantities in cholera-blood, but that the amount differs considerably in the different stages of the disease, being but small in quantity in the intense stage of collapse, increasing during reaction, and in excess when consecutive febrile symptoms occur.

Dr. Garrod stated, that although our knowledge of the changes

which occur in the blood during cholera were confessedly very imperfect, yet that sufficient was known on the subject to enable us to distinguish this disease from any other, and to solve the following problem:—"Given a specimen of the human blood to determine whether it was derived from a cholera patient."

Dr. Garrod then showed the bearings of these researches on the pathology of the disease, and alluded to some points in the treatment.

This paper is published at length in the "London Journal of Medicine," May, 1849.

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April 21, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Dr. Sibson made a communication on the Position of the Viscera, the Configuration of the Body, and the Movements of Respiration in Chest Disease, based upon, and illustrated by, a series of nearly forty diagrams, which had been taken from the dead and living body by himself, by means of a tracing-frame, suggested to him by Dr. Hodgkin.

These investigations had been the subjects of his researches during the last twelve years, and his object was to bring them before the Society in a connected form, as the three subjects, apparently separate, really and naturally combine to form a preliminary *method of examination* in ascertaining the presence and nature of chest-disease.

The following is an abstract of Dr. Sibson's communication:—"It is self-evident, that the knowledge of the normal is essential to that of the abnormal. In the healthy man, the important organs are all so placed in relation to each other and to the parietes, that there is a common centre, around which they all, as it were, cluster. That centre is the lower end of the sternum, and the recollection of it is at once easy and important. Just above the lower end of the sternum is the lower boundary of the heart, and the lower margin, coming to an angle, of the right lung; just below the part indicated is the upper boundary of that portion of the liver which is immediately behind the parietes. A line drawn from the lower end of the sternum to the right, runs along the lower margin of the right lung; a line from the same point to the left indicates the lower boundary of the heart; the liver and stomach being immediately beneath those lines. The configuration of the chest, happily, indicates the size and outlines of the internal organs, so that they can be distinguished by the ocular inspection of the body, the bulk and size of the organs being made apparent by certain prominences, and their boundaries by certain depressions. The lower margin of the right lung and the lower boundary of the heart correspond to depressions passing across the sixth costal cartilages to the right and left of the lower end of the sternum. The costal cartilages immediately in front of the heart are more prominent than those



over the middle lobe of the right lung. The ribs over the liver and stomach to each side are more prominent than those over the right and left lungs; the hepatic and gastric bulges are thus formed, the existence of which was first pointed out by Dr. Edwin Harrison. During inspiration, the position of all the viscera is changed, the diaphragm, in its descent, drawing downwards the base of each lung and the lower boundary of the heart, and pushing downwards the liver, spleen, stomach, and, indeed, all the abdominal and pelvic organs. At the same time, the costal area of the chest everywhere enlarges. During a tranquil inspiration, the superior ribs, which perform thoracic respiration, move forward from two to six-hundredths of an inch, while the abdomen advances about three-tenths of an inch, indicating diaphragmatic respiration; at the same time, the lower or floating ribs move outwards about one-tenth of an inch, their motion being greater than that of the superior ribs. Their action is to expand the lower part of each lung simultaneously with the descent of the diaphragm, and they are truly diaphragmatic ribs. During a deep inspiration, the descent of the diaphragm and the advance of the whole of the front of the chest and abdomen is about one inch; consequently, while the thoracic respiration is increased twentyfold, the diaphragmatic is only increased threefold. The base of each lung and the lower boundary of the heart are about an inch lower, when the diaphragm is at the lowest; at the end of a deep inspiration, the liver, stomach, and spleen are pushed down to a like extent. To observe the respiratory movements with greater nicety, Dr. Sibson devised the chest-measurer, an account of which is contained in the last volume of the "Medico-Chirurgical Transactions." If the organs be in the position, and the chest be of the configuration indicated, and if the respiratory movements be symmetrical and normal in extent, we have the assurance, so satisfactory both to the medical man and the patient, that there is no organic disease of the heart and lungs. This important information can usually be gained with sufficient accuracy by means of ocular inspection and percussion, by the application of the hand during respiration, and, if needful, by the use of the chest-measurer. When the stomach and intestines are much swollen with flatus, they push up the diaphragm, and compress the lungs and heart upwards into the chest. The lower boundary of the heart and the lower margins of the lungs are unusually high, being, in cases of extreme distention, about an inch higher than usual. The form of the chest and abdomen is changed in proportion to the distention, the abdomen being full, rounded, and tense, while the chest is flattened in front, and widened sideways. In cases of the class referred to, a chain of morbid sensations in the chest is often referred by the patient to disease in the chest itself, though it is really due to the abdominal distention; both dyspnoea and palpitation caused by the physical compression upwards of the heart and lungs; and in the train of symptoms, headach, dizziness, and even unconsciousness are often occasioned by the difficulty with which the blood returns from the head to the

right side of the heart. If the stomach and intestines be unusually empty, the diaphragm, instead of being raised, is lowered, and the lungs and heart, instead of being compressed upwards and shortened, are lowered at their base and lengthened. In bronchitis, and vesicular emphysema, the lungs and the heart, especially its right cavities, are enlarged. In extreme cases they are larger, and their lower boundaries are lower than they are in health during the deepest possible inspiration; these boundaries being in some cases from an inch to an inch and a half lower than they are in health. The whole diaphragm being lowered, the liver, stomach, and spleen, and indeed all the abdominal viscera, are correspondingly low in their position. The configuration of the chest is at the same time correspondingly changed. The enlarged condition of the lungs and heart is indicated by the marked and barrel-like roundness and fullness of the chest, especially at its upper part; for while that part is prominent, the lower end of the sternum and the upper part of the abdomen are unusually hollow. In the emphysema of boyhood, the sternum is most prominent some little way above the lower end; in that of manhood, the greatest projection is at the junction of the two bones of the sternum; while in that of old age, the lower end of the sternum and the xiphoid cartilage are the projecting parts. The respiration of persons affected with emphysema is very characteristic; they are already, as it were, almost at the top of their breath, and they breathe with labour. The motion of the upper part of the chest is usually somewhat increased, but the lower end of the sternum, and the adjoining cartilages, instead of advancing, actually fall back. The same remarkable phenomenon is observed in cases requiring tracheotomy, when the obstruction to respiration in the larynx is extreme; in one case of that class, the whole of the walls of the chest fell backwards, instead of advancing during inspiration, at the same time that the abdominal motion was unusually marked. The cause of this falling back of the walls of the chest, during inspiration, is evident; the diaphragm, by its descent, lengthens the lung, and, as air can only enter the air-cells with difficulty, the lung collapses, and the costal walls over them collapse also, being forced backwards by atmospheric pressure. In extreme laryngitis, as in emphysema, the lungs are lengthened, owing to the action of the diaphragm; but while the lungs are amplified in emphysema, they are narrowed in laryngitis, and the chest is consequently lengthened, flattened, and narrowed; at the same time, the heart, being denuded of lung in front, comes into extensive contact with the walls of the chest, and the heart's impulse is therefore felt extensively; whereas, in emphysema, it is only to be perceived behind and below the xiphoid cartilage. When much fluid is effused into one side of the chest, (as has been observed and well described by several authors,) the fluid necessarily compresses the lung on the affected side, and all the neighbouring organs are pressed aside from their usual position. If the effusion be on the left side, the heart is displaced to the right of the sternum, and the stomach, spleen, and liver, are displaced



downwards and to the right; at the same time, the ribs are pushed outwards and separated farther from each other by the contained fluid; consequently, the whole of the affected side is enlarged. The respiratory movements are remarkably affected; while those of the whole of the healthy side are exaggerated, those of the affected side are either lessened, arrested, or reversed. When the effusion disappears, it is interesting to notice the progressive return of the viscera towards their normal position, as instanced in a case which Dr. Sibson had seen with Dr. Hodgkin and Dr. Aldis. If, while the fluid disappears, the lung does not regain its power of expansion, but remains permanently condensed, the displaced organs will return beyond their former position, and in part occupy the place previously occupied by the condensed organ; consequently, the margin of the healthy lung and the heart will be drawn abnormally to the affected side, and the abdominal organs will rise unusually high into that side of the chest; at the same time, while the opposite side is enlarged, the affected side is narrowed and flattened. The respiratory movements are at the same time restrained or annihilated on the affected, while they are exaggerated on the healthy side. If the upper lobe be the seat of tuberculous cavities, while the lower lobe is comparatively healthy, the position of the viscera is not materially changed; but the ribs over the affected part are flattened, and their respiratory motion is diminished. If the lower lobe be the seat of pneumonia, while the other parts are healthy, the affected lobe is permanently enlarged; the thoracic organs are not materially displaced; the walls of the chest on the affected side are somewhat fuller than usual; and the respiratory movements of the ribs, especially the diaphragmatic or lower ribs, and of the abdomen on the affected side, are restrained, while those of the whole opposite side are exaggerated.

“Dr. Sibson concluded his communication by indicating the position of the viscera, the form of the chest, and the movements of respiration in pericarditis; enlarged heart, without pericardial adhesions; and enlarged heart with pericardial adhesions. He afterwards exhibited before the Society two men, one healthy, the other affected with tubercular disease of the whole left lung. In the former, the position of the viscera, the form of the chest, and the movements of respiration, were symmetrical and normal. In the latter, (kindly brought forward by Dr. Burslem,) the inner margin of the right lung encroached on the affected side, being considerably to the left of the sternum; the whole of the left side was narrowed and flattened, while the right side was unusually developed; and the respiratory movements, both thoracic and abdominal, of the whole of the affected side, were almost annihilated, while those of the opposite side were, throughout, exaggerated. The respiratory movements in both of these cases were observed by means of the chest-measurer.”

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April 28, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Henry Smith related a case of Acute Inflammation of the Prostate, from injection of nitrate of silver.

W. C——, ætat. 28, applied to him on the 4th, suffering from extreme pain about the bladder, and very frequently passing a few drops of urine, followed by great pain. About three weeks previously he had had gonorrhœa, for which he took medicine, and afterwards used an injection of nitrate of silver, which stopped the discharge, and caused intense pain and bloody urine. These symptoms had gradually increased until the present time, when Mr. Smith, conceiving that there was merely some irritation or inflammation about the neck of the bladder, ordered hot fomentations to the part, and prescribed calomel and opium, and a draught containing copaiba, hyosciamus, and liquor potassæ, every four hours. As no improvement followed, a closer examination was made, and the prostate gland was found to be much enlarged, very tense, and painful when touched. The patient was sent home to bed, and leeches were applied, and calomel and opium given, the latter by the mouth, as well as in the shape of a suppository by the rectum. This produced relief of all the symptoms, and in a few days the patient was enabled to attend to his business again.

The case was related with the view of showing how cautious medical men should be in the use of injections of nitrate of silver. The author did not deny the virtues of nitrate of silver as a means of cure in gonorrhœa, but thought that great caution in its use is necessary.

Dr. Tilt read a paper on Subacute Inflammation of the Ovaries and Fallopian Tubes, as a cause of Sterility.

After dividing the causes of sterility into three—viz., those which are self-evident, those which are disputable, and those which are of a mysterious nature, the author drew the attention of the Society to subacute ovaritis, as a frequent cause of sterility. He commenced by establishing the paramount importance of the ovaries in the hierarchy of our organs, showing that the anatomical phenomena of ovulation are identical with those termed inflammatory, and thus lead us to believe that, in morbid ovulation, the healthy process may pass into the inflammatory, and furnish a satisfactory explanation of the increase of pain and of heat in the ovarian regions—symptoms so frequently met with in difficult menstruation. He considered that subacute inflammation of the ovaries might produce all those symptoms which are called by the common name of dysmenorrhœa, although they depend on the disorder of different organs. He also admitted that the symptoms of subacute ovaritis might vary according to the nature of the patient's constitution, producing hysterical symptoms in nervous and highly-excitable

females, and morbid products and sterility in those of a strumous constitution.

The author then proved, by the testimony of authors, that ovarian lesions often occur which cannot be accounted for, and as these lesions are admitted by all to be the products of inflammation, he drew, as an evident conclusion, that the ovaries and their peritoneal covering are frequently subjected to inflammation, though not recognised as such during the patient's life, nor treated accordingly. He admitted that, in some instances, all the symptoms of Dysmenorrhœa are produced by subacute ovaritis, while in others, as has been well established by Dr. Oldham, ovaritis determines dysmenorrhœa by the inflammatory congestion of the ovaries to which it gives rise, but he did not agree with Dr. Rigby that membraniform exudations on the catamenia are always the proof of ovaritis. The author next observed, that dysmenorrhœa and sterility being admitted as concomitant facts, depending on each other, or on the same cause, he had a right to infer that subacute ovaritis is a cause of sterility, and that this imperfection is the result—

- 1, Of morbid lesions of the stroma, or of the vesicles of the ovula therein contained;
- 2, Of a false membranous deposit lining the ovaries so as to preclude the exit of the ovula.

Of lesions in the tube destined to convey the ovules to their uterine abode, he stated that sterility is sometimes produced by the uterine extremities of the Fallopian tubes being blocked up by a glutinous deposit, and asked whether there is any possibility of doing for these organs what Mackintosh and Simpson have done in similar cases of temporary occlusion of the neck of the womb. He remarked, that as our knowledge of the physiology of the ovaries is very recent, we need not be surprised if the pathology also is in an embryotic state.

The author concluded by giving three cases in which the diagnosis of the disease was fully confirmed by an accurate examination of the patient through the rectum, and in which the treatment recommended brought on the cessation of sterility after it had lasted five, six, and seven years. The remedial measures were leeches, blisters, mercurial ointment combined with narcotic extracts and camphor, and medicated enemata.

This paper is published at length in the "London Journal of Medicine," June, 1849.

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Extra Meeting, May 5, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Dr. Tyler Smith exhibited an instrument that he had invented for deobstrueting the Fallopian tubes in cases of sterility, arising from their obstruction or occlusion at the uterine extremities by thickened mucus, or other impediments.

The instrument, in the use of which the speculum is always required, consists of a small silver catheter, bent like the uterine sound, to adapt it to the curve formed by the uterus and vagina, and having a sudden lateral curve at the distal extremity, to the right hand, or to the left, so as to point, when *in situ*, to the uterine mouth of the Fallopian canal, which it is proposed to examine. Through the catheter, a fine flexible, whalebone bougie is passed into the Fallopian tube. When the small bougie is thus passed so as to project at its Fallopian extremity, the instrument represents accurately the singular direction taken by the generative canal, from the mouth of the vagina to the fimbriated extremity of the tube. This novel operation proposes to bring an important organ under treatment, which has hitherto been removed from all interference, but is one requiring extreme caution in its employment.

Mr. William G. Hunter exhibited a specimen of Aneurism of the Thoracic Aorta, taken from a coalheaver, aged about forty-three, who had always enjoyed good health, with the exception of occasional attacks of gout.

On the morning of his death, he complained of pain in his chest, accompanied with indescribable uneasiness; still he continued at his work. His fellow-workmen left him, and returning a few minutes afterwards, found him dead. He was brought immediately to the Charing-Cross Hospital.

At a post-mortem examination, twenty-seven hours after death, the left pleural cavity was found filled with coagulated blood, compressing the left lung, which was very emphysematous. The aorta, from its origin to the diaphragmatic opening, was studded with atheromatous deposits; and opposite the fifth vertebra an aneurismal pouch, about the size of an orange, projected into the left pleural space, and as an offset from the aneurism was a sacculus about as large as a walnut, which had given way by a vent from half to three-quarters of an inch in extent. The edges of the aperture were jagged. The opening by which the aneurism communicated with the aorta was circular, and about an inch and a quarter in circumference, with a round and smooth margin.

The heart was larger than natural, firm in consistence, and its left ventricle much hypertrophied, with the fibres of a darkish red colour; the valves were perfectly healthy. The abdominal viscera were entirely free from disease.

Mr. Wing related a case of Tic-Douloureux, of a very obstinate character, occurring in a gentleman forty-two years of age, of a vigorous constitution and temperate habits, but who, during sixteen years, had overwrought the energies of both mind and body, being employed incessantly, and especially at night, in connexion with a leading daily paper. He came under Mr. Wing's care in the beginning of February last, having suffered for upwards of twelve months with most distressing neuralgic pains of the face and back part of the head, implicating chiefly branches of the fifth pair and the



portio dura, and the suboccipital nerves. None of the remedies employed had been of any real service; not even quinine, which had been largely employed for many months. At this time he was completely shattered; the mind was evidently losing its power, memory was failing, and attention to objects and his duties was painfully weakened; he was sinking under the apprehension of a speedy dissolution. Indeed, the brain appeared to be in that condition which leads to imbecility and paralysis. His pulse was 54, and labouring; the tongue coated; the skin natural; the urine plentiful, sometimes thick; the bowels generally regular; the appetite defective; the countenance sallow and anxious; his nights were restless, or rather restless at those hours when he was enabled to retire to his bed. For upwards of twenty years he had been subject to a peculiar compressive pain in the head on the approach of thunder. The thoracic and abdominal viscera were healthy. Counter-irritants were employed behind each ear, and the following ointment applied over the affected parts night and morning, veratria, thirty-six grains, spermaceti ointment, half an ounce; though it produced no eruption, it gave immediate relief to the nose and forehead. A purgative of jalap, calomel, and ginger was administered, which acted freely; and seeing that the affection was not one of periodicity, and looking at the languid state of the circulation, Mr. Wing ordered him the following mixture:—

R. Tincturæ valerianæ ammoniat., f. ʒss.  
 Confect. aromaticæ, ʒj.  
 Aquæ menthæ piperitidis, f. ʒvss.

Two table spoonfuls to be taken three times a day; a nutritious diet; wine, and subsequently bitter ale, and the shower-bath were prescribed. In ten days his hours of rest became quiet, and he soon perfectly recovered his health. No mercury was given beyond the dose of calomel.

Mr. Wing drew attention to the following facts:—1st. The speedy relief afforded by the counter-irritants, in a case of so protracted a nature, and involving so weakened and disordered a state both of the bodily and mental powers. 2ndly, The beneficial effects of the diffusible stimulant combined with a cordial, and the utter uselessness of quinine. 3rdly, The rapidity with which amendment took place on the relief of the agonizing and depressing pain to which he had been so long subjected.

The neuralgia did not arise from any overcrowding or disease of the teeth.

Mr. Henry Smith read a paper on the Seat of Stricture in the Urethra, and on the treatment to be adopted in some forms of that disease.

He showed that it is a generally entertained notion, and one inculcated in the works of most writers on Stricture, that the seat of this affection is most commonly the membranous portion of the canal; but he had been led to believe that there is some error in this

opinion, and for the purpose of ascertaining or disproving its correctness, he had made some investigations, and had looked over a number of morbid specimens of Stricture of the Urethra, which were preserved in the various museums of this metropolis. Of ninety-eight specimens, he found that the seat of stricture was in the membranous part of the canal only in twenty-one instances, whilst in seventy-seven the obstruction was in front of the triangular ligament, in various parts of the urethra, but most frequently at the bulb, or just in front of it. He considered that he was warranted in coming to a conclusion, from the examination of these cases, that the general opinion respecting the seat of stricture is incorrect, and that it is to be met with much more frequently in the bulb, or just in front of it, than in the membranous portion of the canal.

An excellent anatomist (Mr. Hallet) had examined the specimens in the Museum of the College of Surgeons with him, and agreed with him respecting the seat of the disease. He was also supported in his view by two celebrated surgeons, and accurate observers, namely, John Hunter and Sir Astley Cooper, the first of whom had found stricture most frequently in the bulb, the latter, just in front of the bulb.

Respecting the causes of stricture, some persons consider that the use of injections is liable to produce it; but the author could not understand upon what principle an injection, used properly, and of moderate strength, can cause a stricture. He believed that a proper use of injections rather tends to prevent stricture, as they no doubt overcome the chronic inflammation of the canal, which is the origin of the disease.

He believed that the treatment of some forms of stricture, especially the painful and irritable, is rendered obstinate and unsatisfactory by the too frequent introduction of instruments; and in those cases where the obstruction is recent, and there is a tendency to hæmorrhage, sufficient caution is not always used by the surgeon. Two cases which had occurred in his own practice, and in which most profuse hæmorrhage ensued upon the introduction of bougies, indicated the necessity of extreme care in the treatment of these soft and bleeding strictures.

The author then made some remarks on the treatment of impermeable and undilatable strictures, and those accompanied with perinæal fistulæ. In such instances, it is necessary to resort to the operation of urethrotomy; there are two modes of performing it: the first, by dividing the stricture from within by means of a concealed blade; and the second, by cutting through the perinæum. The former operation might be useful in cases of stricture near the orifice of the urethra, and those in the spongy portion, but it is a dangerous measure to resort to in the cases of stricture situated at the bend of the urethra, as the surgeon is working in the dark, and cannot be apprehensive of the mischief he may cause.

The operation of dividing a stricture from without through the perinæum is that which appeared to him to be the safest and best. He had lately seen several instances, in the public and private prac-

tice of Mr. Fergusson, when the operation had been undertaken with great success and immense benefit to the patients. The after treatment is very necessary to be well attended to. The use of the bougie, or catheter, should be cautiously kept up for some time.

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Extra Meeting, May 12, 1849.

FRANCIS HIRD, Esq., President, in the Chair.

Mr. Canton exhibited a preparation of disease of the left side of the heart.

The patient from whom the specimen was removed was a spare, delicate female, aged 37 years, who had, a few days previously, dropped down suddenly and expired. When seven years old, she suffered from a severe attack of acute rheumatism, and had occasionally since then been affected, on change of weather or exposure to cold, with pains in one or other of the large joints. Whether there had been metastasis to the heart in the first attack or not could not be ascertained.

*Autopsy.*—The heart was larger than natural; the right side of it healthy; the left ventricle was more than thrice its normal thickness; the mitral valves of great consistence, with narrowing of the auriculo-ventricular orifice; the semilunar valves were indurated, stiffened, and puckered, so as to be diminished in their vertical and transverse directions; their free margins were swollen and slightly notched. The aorta above the valves, for the extent of an inch and a half, was irregular on the inner surface from subjacent deposit of atheromatous and bony matter: a well-marked undulating line terminated abruptly this diseased appearance, whilst the whole arch of the aorta was generally thickened, though the lining membrane was healthy.

Dr. Routh exhibited the Kidneys of a Patient, and gave the following account of the case:—

The patient had been under treatment at the Royal Free Hospital for obstinate vomiting and constipation. He had taken hydrocyanic acid and castor oil pills without effect, and gradually became reduced to an extremity of weakness. Dr. Routh saw him for the first time on the 9th of May. He had had an ulcer in the thigh, which had healed about the beginning of the present attack. He had been ailing, more or less, for twelve months, though still able to follow his occupation as a painter. For twelve years back he had suffered occasionally from what he called a stricture. He had never had syphilis, gonorrhœa, or used injections. Sometimes he was able to pass his water in a full, sometimes only in a scattered stream; sometimes it would stop suddenly. The urine was sometimes very dark: indeed, he stated that he had lately occasionally passed blood. His habits were regular. The present attack began about ten days ago, with nausea and vomiting with constipation, unrelieved



by medicine: his countenance was symptomatic of malignant disease existing somewhere: his intellect was clear; he had no cough; was sleepless: the heart's sounds were weak; the pulse was very feeble and frequent. He was much troubled with hiccough, which came on in paroxysms of half an hour to an hour, and were brought on by any exertion in talking or attempt to swallow food. He could not keep anything on his stomach, either liquid or solid: the abdomen was soft, and somewhat tympanitic, except in the region of the transverse and descending colon, where it was harder. There was no pain in the epigastrium, or in the region of the kidneys; although about a fortnight since he had complained of some pain there, which had yielded to a mustard poultice. He was ordered creosote, dilute Prussic acid, āā, m. iij., to be taken every two hours in half a fluid ounce of water; a croton-oil pill every six hours, and to take gruel or arrowroot, with wine, by teaspoonfuls at a time, and frequently. On the 10th, the hiccough was less, but the sickness no better. He had had no motion: he complained of great weakness, and was pulseless at the wrist: the heart's sounds were regular. He was ordered to have wine and ammonia, and to have a turpentine injection immediately. He became insensible towards night, and died at 11 P.M., the bowels not having been relieved.

*Post-mortem examination*, 33 hours after death. The arachnoid membrane of the brain contained some fluid in the subarachnoid tissue, and about half a fluid ounce of clear serum might be contained in all the ventricles together. In other respects, the parts were healthy—the spleen, liver, pancreas, and lungs were healthy: the heart healthy, excepting the right auricle, which was exceedingly thin. The cavities of the heart contained large polypi: the intestines contained some fluid and solid fæces: the jejunum having its villi very prominent, and somewhat softened. The left kidney was larger than natural, the capsule tearing off readily and cleanly. On section, the substance of the kidney was mottled white here and there, especially in the pyramidal portion, which appeared striated, and was hard, yet somewhat elastic. Here and there were other patches of a tubular form, about the thickness of an ordinary quill, very white, varying in length from two lines to half an inch, containing granular and calcareous deposits. The right kidney presented the same general appearances on section. In addition to the preceding appearances, one or two pouches in the pelvis of the kidney, somewhat dilated, and a small cavity about the size of a pea in the substance itself, were observed, containing sanguineo-purulent fluid. The ureters were healthy: the bladder was contracted, and rather thickened in its coats, and contained about half a tea-cupfull of clear urine, with a sanguineo-purulent sediment. In addition, the posterior and inferior surface of the right kidney was adherent to the psoas muscles, between which and it, and extending in its breadth as high as the twelfth dorsal vertebra, and as low as the pectineal line, and a portion superiorly infiltrated in the muscle itself, was a collection of pus. The vertebræ were healthy:

the urine had a feebly alkaline reaction: the opening in the prepuce was scarcely perceptible; between it and the glans there were a little clear mucus and blood: no stricture could be detected in the urethra. The case was important, inasmuch as the urgent symptoms during life were rather those of intus-susception or strangulated hernia, than of abscess around the kidney; nor did it clearly appear how the secondary abscess had been produced, or should have been so suddenly fatal. The cicatrix of the ulcer in the thigh was examined, and found to be superficial, nor was any pus or diseased bone found in the neighbourhood of it.

Dr. Skiers related a case of Imperforate Rectum, successfully operated upon by M. Amussat.

A female child not passing any meconium, an enema was administered, which all returned by the vulva. This singular occurrence led to a close investigation of the parts, and it was found that the anus opened, not into the rectum, but into the vagina, which had thus two external apertures. The anus being dilated so as to admit of the introduction of a finger, a soft pulpy sensation was felt high up, which was supposed to be the termination of the rectum; accordingly it was seized by tenacula, and gradually drawn down, so as at last to protrude beyond the anus. Proving to be the rectum, it was now opened, the meconium evacuated, and the cut edges fixed by ligatures to the outside of the anal opening, so as to preserve a continuous mucous surface completely through the aperture. The parts healed kindly, the sphincter ani recovered its natural state of contraction, and in a few days the fæces were retained properly.

Dr. Skiers said that it had been discussed among the medical men attending this case, how far the perinæum would yield kindly during parturition, should the infant grow up.

Dr. Cormack read a paper on Renal Puerperal Convulsions.

He detailed three cases of Puerperal Convulsions which had recently occurred in his practice, and proceeded to show that Puerperal Convulsions are generally toxicological results of the non-elimination of the excrement of the blood, and that in by far the largest number of cases, this non-elimination depends on renal congestion, caused by the pressure of the gravid uterus. He considered that when structural renal disease co-exists with a gravid uterus, the *risk* of Puerperal Convulsions amounts almost to a *certainty*, as diseased kidneys are liable on slight causes to have their functions disturbed, and are specially disposed to congestion.

He showed that albuminuria and dropsy are symptoms associated with Puerperal Convulsions; and independently of pregnancy, are sure signs of retardation of blood in the emulgent veins. *First*, because ligature of these vessels in the lower animal induces rapid renal congestion and albuminuria; and *secondly*, because the records of clinical medicine inform us that this condition of the urine, and likewise dropsy, are caused by aneurism, enlarged ovary, or any



abdominal tumour, producing a similar, even though less perfect, mechanical impediment to the return of blood from the kidney. When the urine is albuminous, there is congestion of the kidney: when the kidney is congested, its emunctory office is inadequately performed; and whenever the insufficiency of renal depuration of the blood proceeds beyond a certain point, the blood becomes so poisonous as to act toxicologically on the brain. This he considered to be the explanation of the frequency of convulsions coming on in the course of Bright's disease, when slight causes may at any time excite such an increase in the congestion as to induce convulsions, stupor, or sudden death.

Dr. Tyler Smith, in the opinion of the author, has handled the subject of Puerperal Convulsions more philosophically than any preceding writer; but attributes them far too sweepingly to irritation of the extremities of the nerves, and attaches too little importance to direct toxæmic impressions on the nervous centres. The following quotation is given from Dr. Smith's writings:—"Irritation of the kidney has been known to excite epilepsy, and most probably it would act as a cause of Puerperal Convulsions. Lamotte and others have recorded cases of this kind. It is an old remark, that œdema of the face and neck forms a frequent premonitory attack; and Dr. Lever has made the interesting and important observation, that albuminuria is present in many instances. These points," continues Dr. Smith, "require further examination, with special reference to the different modes in which spinal action may be excited."

The author believed that Puerperal Convulsions rarely, if ever, occur in women who are not œdematous to a greater or less extent. Along with the dropsy there commonly exists an albuminous condition of the urine. Many women have slight œdema and albuminuria, and some have both to a considerable extent, and yet escape convulsions. The frequent coincidence of albuminuria with Puerperal Convulsions was first stated by Dr. John Lever. He announced the fact, that in nine out of ten cases in which he had examined the urine, it was found to be albuminous. Drs. Devilliers and Regnault, in a valuable memoir on the Dropsy of Pregnant Women (published during the past and present years in the *Archives Générales de Médecines*), declare, as a remarkable and essential fact, that "*chez toutes les femmes éclamptiques, on trouve de l'albumine dans les urines. Cette règle ne nous a pas encore paru souffrir d'exceptions.*" If, then, albuminous urine and anasarca—the characteristic signs of congested kidney—are so common in Puerperal Convulsions as to be regarded, by the best and most recent authorities, as their constant concomitants, it may, Dr. Cormack thought, be inferred that the renal congestion is a common cause of the convulsions; or, more precisely, that the convulsions are direct toxicological effects on the nervous centres, produced by poisonous substances which the unembarrassed kidney could throw off with the urine, but which the congested kidney cannot excrete.



He remarked that in pregnant women blood-poisoning exists far more commonly than is generally believed, for the gravid uterus, or other tumour, pressing on the renal veins, or in any way seriously impeding the return of blood from the kidneys, must induce, more or less, inability, on their part, to perform their emunctory office, and, when the pressure is great, a consequent condition of toxæmia. Also, that the maternal blood, during utero-gestation, notwithstanding the demands made on it by the growth of the fœtus, requires, in some respects, an extra degree of depuration, and therefore the pregnant woman can ill bear an impediment to the free return of blood from the kidney, as she probably requires, for her preservation in health, to throw out an additional amount of excrementitious matter from the blood, including the elements of the milk.

Many of the distressing symptoms attendant on pregnancy may, in the opinion of the author, be considered as resulting from toxæmia, dependent on defective sanguineous depuration, and treated accordingly. He did not wish to be understood as saying that diminished renal elimination is the only cause, for the skin, the lungs, the liver, or the kidneys, may one and all be at fault; but from the pressure of the gravid uterus, the latter run the greatest risk of having their functions impaired. If the kidneys be embarrassed from the congestion caused by the gravid uterus, urea will remain in the blood, and likewise the elements of the milk. The non-elimination of the laeteal elements is much less dangerous than the retention of carbonic acid in the lungs, or of the poisonous principles of the bile and urine; as the former, being oleaginous, saccharine, and albuminous, are not very dissimilar to the constituents of the blood. Milk-fever, however, which ought to be regarded as truly a poison-disease, is sometimes pretty severe, if active derivative treatment be not adopted.

Dr. Cormack stated, that it generally happens that when the uterus is emptied, the convulsions cease, and seldom recur after delivery. When they do recur, we must suspect structural renal disease. The explanation of this, he apprehends, is not so much that the uterine irritation is lessened, as that the kidneys are relieved from their hyperæmic condition, and thus become enabled to resume the proper exercise of their function.

The individuals most commonly the subjects of Puerperal Convulsions he stated to be strong healthy young women, pregnant for the first time; that is to say, a class of patients in whom the abdominal walls are the most unyielding, and least able to relax under the pressure of the expanding womb. In proof he quoted the following passages from Dr. Collins—viz., that “Puerperal Convulsions occur almost invariably in strong plethoric young women with their first children, more especially in such as are of a coarse, thick make, with short, thick necks;” and “in thirty cases which occurred during his mastership, twenty-nine were in women with their first children.”

Dr. Cormack then showed, by means of a statistical table, taken from various authors, that out of 145 cases of convulsions, 117 occurred in first, and 28 in subsequent pregnancies; and observed, that in primiparous women there is, as a general rule, a greater tenseness and rigidity of the abdominal parietes; and therefore in them the gravid uterus is much more apt, by its inward pressure, to cause dangerous renal congestion,—an obvious explanation why primiparæ are the most liable to Puerperal Convulsions, and why convulsions in them are chiefly of a renal, and therefore of a severe and epileptic-like character. He considered it probable that albuminuria is associated with the œdema of the face and upper part of the body, which is sometimes seen in many who escape convulsions, for the albuminuria and œdema are simply signs of congested kidney, and that congestion may exist—and indeed often does exist—to an extent quite sufficient to cause these phenomena, and yet inadequate to produce toxæmia of sufficient intensity to cause Convulsions.

An analysis of the history of those cases in which convulsions occurred in subsequent pregnancies, shows that they may all (excepting non-toxæmic cases) be classed under four heads,—viz., 1. Persons who, though previously pregnant, had never gone to the full time, and in whom, therefore, there had been no relaxing of the abdominal walls. 2. Persons of extreme muscular development, whose rigid fibres do not readily yield to the augmenting womb. 3. Persons who, from organic changes in the structures of the kidney, cannot adequately perform renal depuration of the blood; among whom may be included those suffering from granular or other structural disease of the kidneys; or who have some congenital anatomical peculiarity in these organs; or in whom some morbid growth presses on the emulgent veins, or, indirectly by its presence, impedes the free flow of blood through these vessels. 4. Excessive volume of the uterine contents, including twin cases, and cases of superabundant liquor amnii.

The *first* and *second* classes are very numerous.

The *third* class is not numerous but important, when it is recollected how often, in the course of Bright's disease, after we have greatly relieved the head symptoms, and reduced the œdema and albuminuria by derivative treatment, convulsions or death abruptly occur from exposure to cold or some error in diet. In such instances, the author supposed that the coagulability of the urine had returned to its former state of intensity. Thus, a pregnant woman labouring under Bright's disease, even in an early stage, must run a tenfold risk of convulsions. If she have an ovarian tumour, or any other mechanical predisposing cause to renal congestion besides the gravid uterus, her risks will also be great, and in her delivery will hardly bring exemption from the danger of toxæmia from renal non-elimination.

As examples of the *fourth* class, he refers to Dr. Collins, who had, in 240 cases of twins, three cases of convulsions, though in

his grand total of 16,654 labours, he had only thirty cases of convulsions.

Some authors having explained the fact of the unmarried being more subject than the married to Puerperal Convulsions, by assuming, that in the former were present greater emotional causes, he argued that, allowing that emotion may often, both in the married and unmarried, be concerned as an accessory cause, yet, as regards those who have become pregnant out of wedlock, it seems natural to infer, that the tight girding of the abdomen, which they so often practise, to an extraordinary extent, to conceal their shame, may act most powerfully, in producing extreme congestion of the kidney and consequent intense toxæmia.

When the death of the fœtus precedes the attacks of convulsions, he considered that there is inevitable toxæmia, which may be looked on as Nature administering a poison for the purpose of accomplishing abortion. If the fœtus die, the matters which were being taken out of the mother's blood for its growth, suddenly cease to be required: and the depuration by the fœtus also ceases, producing more or less toxæmia. When the supply of material for the fœtus from the uterine vessels of the mother suddenly terminates, by its birth at the full time, the lochial discharge comes to her relief, and so long as it is in sufficient abundance, she has small hazard of toxæmia, the use of the lochial discharge being to prevent poisoning of the blood. When convulsions occur or recur after delivery, the toxæmia most probably arises from imperfect excretion or complete suppression of the lochia; but it may also depend on the kidney being congested from structural disease in itself, or from pressure on the veins caused by the morbid enlargement of some neighbouring part.

The author referred all convulsions to toxæmia or anæmia acting directly on the spinal column and medulla oblongata; or to irritation of the extremities of the nerves, acting in a reflex manner on the spinal column and medulla oblongata.

The sources of toxæmia causing convulsions, he considered very various, and thus succinctly arranged them:

#### SOURCES OF TOXÆMIA CAUSING CONVULSIONS.

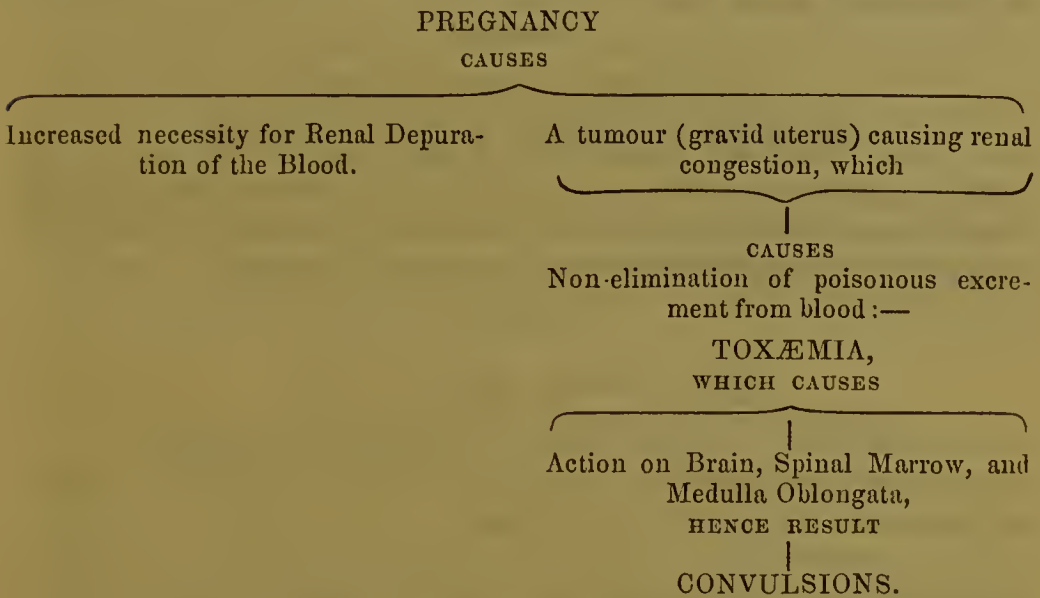
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|--|---|--|
| I.<br>DEFECTIVE DEPURATION<br>OF THE BLOOD.              | { | 1. Non-evolution of carbonic acid by the lungs.<br>2. Non-elimination of the principles of the bile from the blood.<br>3. Non-elimination of the principles of the urine from the blood.<br>4. Non-elimination by the skin.<br>5. Non-elimination of accidental effete matters from the blood, by the kidneys and other emunctories. |
| II.<br>INTRODUCTION OF FOREIGN<br>MATTER INTO THE BLOOD. | { | 1. Inorganic poisons, such as acetate of lead, &c.<br>2. Organic poisons, such as strychnia, &c.<br>3. Morbid poisons, such as scarlatina, &c.   |



While the pregnant woman is not exempt from any of the above causes of toxæmia, she is specially in danger from those comprised under the third and fifth divisions of the first head—viz., non-elimination of the principles of the urine by the kidney, and non-elimination of the accidental effete matters from the blood by the kidneys and other emunctories.

Toxæmic puerperal convulsions are mainly renal or lochial, or they partake of both, along with other characters. The chief object of the paper was to point out the importance of the former, but in doing so, the author wished explicitly to recognise defective elimination from any organ as a cause of more or less toxæmia: and also to recognise non-toxæmic causes of Puerperal Convulsions.

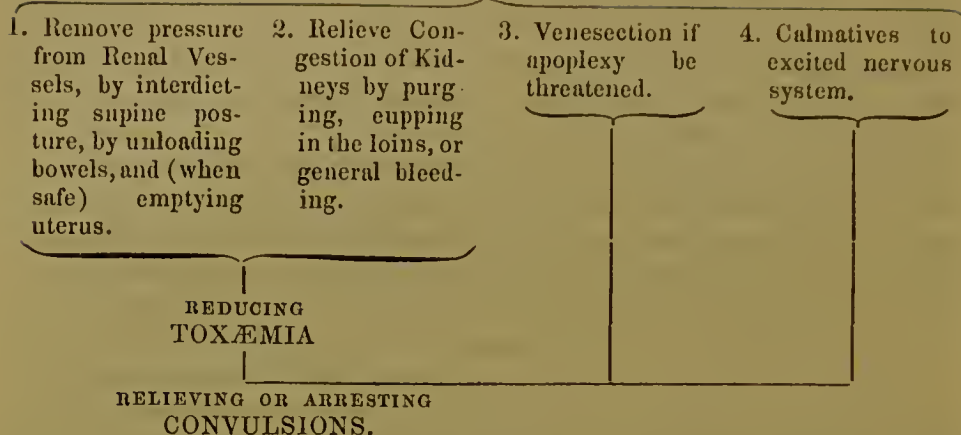
1. RENAL PUERPERAL CONVULSIONS. The following diagram shows how pregnancy of itself may cause Renal Convulsions; organic disease of the kidney being always calculated to augment their danger.



The *Prophylaxis* of Renal Puerperal Convulsions was shown by the author to embrace an avoidance of too long continuance in the supine position; an easy corset, giving free play to the lungs, and not pressing back the womb; moderate exercise; regularity and sufficiency of the alvine evacuations, and a good state of the skin. Mental excitement must also be avoided, as it might, even with a moderately poisoned state of the blood, be the immediate cause of Convulsions. When toxæmia is present, congestion of the nervous centres must necessarily be more dangerous than when the superabundant blood is healthy.

The *Treatment* of Renal Puerperal Convulsions was indicated in the following diagram:

## TREATMENT.



This paper is published at length in the "London Journal of Medicine," June, 1849.

Special Meeting, May 19, 1849.

EDWIN CANTON, Esq., in the Chair.

This meeting was called to consider a proposition of the Council, in reference to the Festival; but after some discussion, the motion was, by leave, withdrawn, and the meeting separated.

Extra Meeting, May 19, 1849.

FRANCIS HIRD, Esq., President, in the chair.

Dr. Routh exhibited to the Society two small maggots, which had come out of the ear of a gentleman.

This gentleman held the office of Superintendent in some gold mines in Brazil. Being engaged on a Thursday in October, 1846, in reading, he was tormented by a fly, at which he struck with the palm of his hand, and accidentally pushed it within the meatus auditorius. He was not able to extract it till four or five minutes after, when his daughter succeeded in doing so by means of a small forceps. The fly came out entire, excepting one leg, and alive, and was seen by every member of the family, and recognised to be a *musea carnaria*, or flesh-fly. On the same evening the gentleman began to feel an uneasy sensation in his ear, which went on from bad to worse, until the internal ear became exceedingly painful. The sensation was as if there was something like a gnawing or rasping of the drum. The natives around him stated that maggots had been found in the ear. An English medical gentleman was sent for, who ordered a few drops of solution of opium in dilute nitric acid, to be instilled into the ear. The pain and gnawing, however, were in no way relieved. On the Saturday, at 4 P.M., he was seized with a convulsion: he moaned terribly, plunged his head in his pillow, bending forcibly the joints, and

rolling the eyes; the general character, however, of the spasmodic movements was clonic: the convulsion lasted from seven to ten minutes. The medical gentleman called the same evening with a forceps, extracted a living maggot, and ordered a weak solution of bichloride of mercury to be applied within the ear. The rasping, gnawing, and pain continued. At 11 P.M. the same evening, another convulsion occurring, further medical aid was called in, and, on consultation, it was agreed to apply white precipitate suspended in milk to the ear. This was done, and somewhat relieved the pain; soon after, two other maggots came out alive. On the Sunday morning another convulsion occurred, but much less violent; the same day a fourth maggot dropped out, also alive. From this time all the acute pain subsided, but slowly at first, as a purulent discharge continued to flow from the ear, but which at last yielded to injections and counter-irritants. The patient finally recovered in about six weeks, but had remained deaf in that ear ever since. The case related was very interesting: 1st, as showing the short space of time in which the ova were deposited, the fly not having remained in the ear more than five minutes; 2nd, as showing the rapidity in which they were hatched in the ear; 3rd, as exemplifying the non-poisonous quality of the cerumen to maggots of *musca*; and, lastly, as indicating the danger of delay, and the efficacy of white precipitate as a means of cure. Two cases only were recorded in "Cooper's Surgical Dictionary," in one of which convulsions also were present, but in neither was the history of the first deposition of the ova given, which in this case was distinctly traced to a *musca carnaria*.

Mr. Henry Smith exhibited the œsophagus and part of the liver of a patient who had for the last fortnight suffered from pain and difficulty in swallowing.

On examination of the body after death, the mucous coat of the œsophagus was found to have been destroyed by ulceration, there was also slight stricture of the part, and hardened cancerous masses in the cellular tissue underneath. The liver was affected with carcinoma; there was no resulting dropsy.

Dr. Snow placed on the table an apparatus with which he had lately administered chloroform in some cases. It consisted of a hydrogen balloon holding upwards of two thousand cubic inches, which was provided with a tap, and attached to a face-piece containing valves. He said that by means of this contrivance chloroform could be given in a more exact way than heretofore, and that the vapour was rendered much less pungent and irritating, owing to its being uniformly mixed with the whole of the air. When used, a measured quantity of chloroform was put into the balloon, which was then inflated with air by a bellows; in this way, the exact proportion of vapour in the air breathed by the patient was known, and the effects produced were very uniform. The expired air escaped by a valve, without returning into the balloon.



Mr. Nunn exhibited a Perinaal Bandage, which he had found useful in Prolapsus Uteri, and where the abdomen required support.

A band passes round the abdomen, and from each side there descends a strap, which passes between the thighs, and is fastened on the opposite side to the abdominal band. He had found it supersede the necessity for a pessary.

Mr. Hancock read a paper on the Operation for Strangulated Hernia.

The recommendation of not opening the sac, he stated, has recently been brought prominently under the notice of the profession, and has at various times been ably advocated by Petit, Le Dran, Monro, Sir C. Bell, Bransby Cooper, Aston Key, Luke, and Gay, in whose hands it has been successful, particularly in those of Mr. Luke; whilst the statistics advanced by the latter gentleman certainly appear, at first sight, greatly to favour this mode of proceeding. On the other hand, it has also been as ably opposed by men of eminence—viz., Dupuytren, Richter, Hcy, Heister, Sir A. Cooper, (excepting in old and large incarcerated hernia,) Lawrence, Liston, and Lizars, and more recently by South. A closer inquiry, however, into the statistics and arguments adduced in favour of this operation, tends greatly to diminish its claims to superiority, and proves that the mortality after operations for strangulated hernia depends, in most instances, upon causes entirely independent of the operation; that opening the sac does not, in reality, increase the danger, but that, on the contrary, the advantages of this method are so great, that, as a general rule, it ought to be adopted as the safer mode, and as presenting the greater certainty of success.

It having been urged by the advocates of Petit's operation, that by its adoption we avoid the following dangers—viz.

- “Peritoneal inflammation consequent upon the exposure of an inflamed or strangulated portion of the bowel, which, according to Key, is the cause of death in the majority of cases;
- “Hæmorrhage into the cavity of the abdomen, should a vessel be wounded;
- “Risk of wounding the intestine;
- “Opening the sac, and thereby laying bare the peritoneal cavity of the abdomen;
- “Immediate manipulation of parts so important to life; and, according to Gay, inducing unhealthy processes in the external wound;”—

the author asks, in the first place, are these objections valid or tenable? Have not the surgeons in question, in their anxiety to support their own particular views, overlooked the real causes of failure, and grasped at the shadow whilst they neglected the substance? The published records of strangulated hernia cause a feeling of surprise in the minds of the readers; not that the mortality has been so great, but that it has not been greater, as every

rule of good practice, of common sense even, appears to have been violated in the treatment of these cases. When strangulation took place, instead of early relieving the stricture, the patient was left until almost dead; the surgeon, in the meantime, torturing him in all manner of ways, in order to prevent the necessity of an operation, which was at last obliged to be performed under every disadvantage, the gut being bruised, inflamed, or mortified, and the patient in a state of collapse, worn out by suffering, and the prolonged yet abortive attempts at reduction. When the intestines, from the injury sustained, had lost their power of action, they were still more irritated and injured by the exhibition of purgative medicines, both before and after the operation; and yet those who pursued this practice, would most strenuously have deprecated the employment of purgatives in cases of idiopathic enteritis. Again, notwithstanding the patient was almost in a state of collapse, from the severe constriction exerted upon the intestine, his vital powers were still more depressed by the exhibition of tobacco, either in solution or in fumes, tartar-emetic, and other equally destructive agents. These points have been all lost sight of; even mortification and rupture of the intestines, and disease of vital organs, have been overlooked; and deaths occurring under such circumstances have been ascribed, not to their true cause, but to the opening of the sac, and classified accordingly.

With respect to the remark made by Key, "that in the usual operation, the majority of fatal cases are consequent upon the exposure of the inflamed or strangulated portion of the bowel caused by opening the sac," Mr. Hancoek observed, that the history of strangulated hernia proves, by every-day experience, that the peritoneum may be cut with impunity. He is as willing to admit that, if the healthy peritoneum is cut or irritated, peritonitis may be induced, although this even does not always occur; but he argued, if an inflamed peritoneum is cut, the inflammation does not necessarily increase, especially when that inflammation results from some exciting cause removable by the incision. The operation then becomes a relief to the patient; whereas, when made in healthy peritoneum, it inflicts a violence on the part. He is supported in this belief by the observations of Sir Charles Bell, that a peritoneum, when diseased, may be cut with greater impunity than when in health. The abdominal sections in ovariectomy prove this; the removal of large portions of omentum prove it; the operations of paracentesis abdominis prove it; and the success which attended the author's case of cæcal disease also tends to strengthen the position. Again, in reply to the question, is the general peritoneal cavity laid bare by opening the sac? the author observed, that the communication between the sac and abdomen is completely closed by the protruding gut or omentum, and that, even when the intestine is returned, it lies so close to the ring, that very little, if any, air can gain access to the abdominal cavity, even should it prove injurious in so doing, of which he had great doubts, having had patients under his care who, from wounds, have had the abdominal



cavity exposed for a much longer time than would be required for the operation for strangulated hernia, and have recovered without any urgent symptoms.

The author then adduced arguments to prove that the chance of wounding the intestine was not diminished by the performance of Petit's operation, and objected strongly to the plan adopted by Mr. Luke, of scarifying, in certain cases, the thickened neck of the sac at different places, without penetrating its entire thickness. The modification of Petit's operation, lately introduced by Mr. Gay, was described; and Mr. Hancock remarked, that the neck of the sac must be reached, whether the structure be got at directly or in front, or on the inner side; the only difference being, that in the one case the surgeon can attain his end directly, in the other, only in a round-about manner and in the dark—a very objectionable mode, as the operator should always, if possible, see what he is doing. Neither can it be at all admitted, that there is more danger of wounding the intestine in opening the sac in the ordinary operation, than in forcing the blunt-pointed bistoure caché (although with the least possible amount of force) between the strangulated femoral hernia and the pubic margin of the ring, at the very point where ulceration of the gut takes place, from the pressure exercised by the sharp edge of Gimbernat's ligament, as has been noticed by Chevalier, Breschet, and indeed by all surgeons of experience. The other objections to the usual operation, mentioned at the commencement of the paper, were next commented on, with a view to prove that they were not entitled to the large amount of consideration ordinarily bestowed upon them.

In illustration of the advisability of opening the sac, in order to ascertain, amongst other points, the presence of adventitious bands within, or at the neck of the sac, which might be a cause of a continuance of stricture, and lead to a fatal result, were the gut returned without laying it bare, the author related a case in which he had assisted Mr. Canton in an operation for strangulated femoral hernia. In this instance the gut was fairly returned into the abdomen, but upon Mr. Canton's introducing his finger as a precautionary measure, he ascertained that a distinct band passed over the intestine, and, from its position relative to the gut, would most certainly have led to an unfavourable result, had it not have been discovered and divided. The patient recovered. Two other cases had also occurred to the author, which proved, additionally, the great necessity for opening the sac.

He concluded with a statistical account of a large number of cases in which the operation was performed in the usual method, and also in that proposed by Petit, and deduced therefrom additional arguments in favour of the former mode of proceeding in cases of Strangulated Hernia.